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The project team who initiated, gave and contributed the advice of its success were: Richard J. Dobbs, Director of Preservation Officer; Maria Millegan Pickett, Metadata Management Librarian; Angela Cochrane and Carol Harding-Henry, Resources Directors; Sarah Hartman, Web Manager and Moses Wolff, Services Director.

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University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

These dissertations were digitized in 2011-2012 and are available at the UM Digital Archive (archive.hshsl.umaryland.edu) and the Internet Archive (www.archive.org).

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UNIVERSITY OF MARYLAND

THESES

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* Noteworthy calligraphy on title page.

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1821-1851; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

UNIVERSITY OF MARYLAND

THESES

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An

Inaugural Dissertation

on

Fractures of the neck of the Femur

Submitted to the examination

of the

Provost, Regents and Faculty of Physic

of the

University of Maryland

for the

Degree of Doctor of Medicine

By

F. J. Roach

of

Maryland.

MB
1890c

To

Nathan R. Smith, M.D.

Professor of Surgery in the University of Maryland, these lines are respectfully dedicated, as a testimony of his high respect for his professional talents, and esteem for his private instructions of his pupil.

E. A. Roach

Fractures of the neck of the femur are of more freq and importance than any others in the humane body. They are established owing to the position, structure, and office of the bone. They may be divided into fractures, internal to the Capsular ligament. Fractures external to the Capsular ligament, and Fractures of the trochanter major. We also sometimes have compound fractures, partly internal, and partly external to the Capsular ligament. These latter are very uncommon.

First. Fractures internal to the Capsular ligament. These may be either transverse or oblique in direction.

causes. They are generally caused by indirect violence. That is from some force acting upon the leg. Or from slipping off the pavement, jumping, or other violences. Sometimes however they are produced by falls, or blows on the thigh. They are more frequent in old persons than in young ones. Owing to the bone containing more earthy matter in the former than in the latter. They are likewise more frequent in women than in men. This is owing to the neck of the bone being longer, and more at a right angle in the former, than in the latter.

Symptoms. After receiving an injury the patient finds himself unable to use the leg, and complains of pain in the part

increased by motion. There is also swelling, with shortness of the leg of about an inch or two. This sometimes does not take place for two or three days from the time of the injury. This sometimes causes the surgeon to make a wrong diagnosis if unacquainted with the treatment of such injuries. The foot and leg are turned outwards with shortening in the interval between the malleolus and the external condyle. Sometimes crepitus may be detected but seldom owing to the position of the fracture. Hard, when detected it may be caused from the effusion of lymph around the part of injury. This is often very

difficult to make to make correctly
The injuries most apt to be con-
founded with these fractures.
The Dislocations of the head of
the femur backwards into the
Sciatic Notch, and downwards
into the Obturator foramen.
In the former dislocations we
have the knee and foot turned
inwards. The trochanter is behind
its natural position, and the
head of the bone can be felt. Whereas in the fracture we
have the foot turned outwards
alone described.
In the latter Dislocation the
limb is much longer than
in the fracture.
Fractures of bones in the Cir-
cular ligament. There are

more common occurrance than fractures internal to the capsular ligament.

Causes. Unlike fractures internal to the capsular ligament, these are most always caused by direct violence, as falling upon the hip, kicked by a horse, etc. etc. in this occurring at any period of life. Whereas fractures internal to the capsular ligament are most always confined to persons of an advanced age.

Symptoms. After receiving an injury of this kind, the patient is immediately seized with a feeling of giving way in the joint, there is a shortening of the upper extremity of the bone caused by the action of the psoas magnus and iliacus internus

muscles. There is also Crepitus but more distinct than in fractures internal to the Capsular ligament. The foot is also turned outwards, but there is not so much shortening as in the fractures internal to the Capsular ligament.

Diagnosis. This resembles fractures internal to the Capsular ligament in many points. But differs from them in the following.

First. Inconsequence of being not always the result of direct violence. It is attended with a great deal more pain and fever.

Second. There is not so much shortening and eversion.

Third. Crepitus is much more difficult, because the shortening is not so great.

Fourth. There is always the feminine of the upper extremity of the fragment though sometimes unperceived in consequence of the immense swelling which sometimes occurs.

Fractures of the trochanter major.

These fractures are not very uncommon. They are generally met with in Adults.

Causes. They are caused by direct violence such as severe falls upon the hip. Also may also sometimes be caused in the Reduction of Dislocations of the femur upwards upon the dorsum of the ilium.

Symptoms. After receiving an injury of this kind the patient immediately finds himself incapable of walking and rolling his thigh outwards.

On examining the injury soon after its infliction, before much swelling has taken place.

The Surgeon finds a depression at the natural position of the bone and an elevation above. This elevation is caused by the dragging upwards of the trochanter major by the action of the gluteal muscles. Diagnosis. These fractures are generally not very hard to diagnose. However when there is a great deal of swelling they may be mistaken for fractures of the neck internal to the capsular ligament. They may however be distinguished from the latter by the complete inability of the patient to abduct the thigh.

Compacted fracture. This is not of rare occurrence, and results from a blow on the neck of the femur, may be from partly within and partly without the capsule.

In these cases the prospect of union is much more favourable. These fractures are called compacted fractures, from having the extremity of one fragment driven into the lacerated ~~extremity~~ substance of the other.

Causes. They are produced by great direct force, and are attended with a great deal of pain and constitutional disturbance.

Symptoms. The limb is rendered useless to the patient at the time, owing to the severe pain experienced when he attempts to use it. There is also some shortening, however the displacement is generally slight, and there is considerable motion of the limb.

Diagnosis. This is often difficult to make correctly, but from the

the surgeon to find out the nature of the injury and. However this makes but little difference as will be seen by the treatment. This injury will however be more likely to be mistaken for that of fracture of the neck intracapsular than the presence of crepitus in this, which is, as I have observed so frequently the case in that.

Treatment. Since this is conducted upon the same general principle in all of the fractures I think it necessary to give a general description of all the different varieties with their causes, symptoms and diagnosis first.

First: Treatment of Fracture in

or the capsular ligament.
On the treatment of these fractures it must first be noticed that they hardly ever unite by bone, except in a very few instances. And in these instances it is supposed that true fracture never existed. This has been ascertained by the examination of the bone after death.
Now, why this bony union can not take place is evident from the following reasons.
First. On account of the diminution nutrition of the upper fragment which is only supplied by the small vessels of the ligamentum teres.
Second. Because the fractures are separated from the cotyloid cavity by the capsular ligament =

cannot be assisted by a provisional callus as other fractures are. However the surrounding tissue does throw out a secretion which is converted into a callus. But this being deposited outside the capsular ligament is prevented from assisting in the work of reparation.

Third. Because the fractured surfaces cannot be kept in contact owing to their position.

Fourth. Because suppuration, as it most always does in old and worn down constitutions, they have neither time nor constitutional strength to effect the cure. Two fore in small ligamentous union the

place, or what is more common does not unite at all. But nature so brings about a change in the part, that it is capable of supporting the body, and becoming again of material use to the patient. but not without some deformity —

Now, it is evident from the above statistics that we should not promise our patients as much in the treatment of such fractures as we usually do in this, the present age of reform the Lawyers have tasted the blood of the Doctors.

The principle indications in the treatment of these fractures are — 1st to keep the fragments in

true apposition with each other.
Second, to prevent displacement.
Now to accomplish these it is necessary that we should make use of some mechanical apparatus, of which we have many different kinds as made and used by different Surgeons. But the one in general use and answering the purpose better than any other is that of Professor William H. Smith.
The fragments of the bone being placed in true apposition with each other the leg should be fixed in this apparatus in a semi-flexed position taking care that the tibial piece should be carefully adjusted as this is of the greatest

importance in this fracture, also for the comfort of the patient to have the apparatus well padded, the whole is now to be well bandaged and then suspended from the wall by means of the cord attached to this apparatus. The object of this is to keep up gentle extension, and to prevent displacement whilst the patient may move in bed with perfect ease.

This being done, the patient is to be kept in the horizontal position until union takes place. In favourable cases this is generally accomplished in from twenty to thirty days. During convalescent period the patient is to be kept by the patient during

this time, the bandages may be removed and the cause obviated.

Treatment of fractures extending to the capsular ligament.

The principal indications in the treatment of these fractures are the same as those of fractures internal to the capsular ligament — with one important exception, which is the necessity for the proper adjustment of the length and axis of the apparatus, which prevents the rolling of one fragment of the bone upon the other, which happens in these fractures, this being especially true of the apparatus, in the case of a limb extended, and suspended from

the wall by means of the cord as in other fractures of the thigh. The leg is to be left in this condition, until bony union takes place, which is generally accomplished in from three to four weeks. Should the patient experience pain from the improper adjustment of the padding bandages or any thing else, the hip joint with the bandage may be removed and the cause obviated.

This mode of examining the injury for the relief of pain, or a more proper adjustment of the bedding, renders Prof. Smith's excellent apparatus superior to all others.

Statement of facts of the case by

In these fractures the limb is likewise to be placed in the apparatus. But the leg is to be abducted to prevent the displacement of the fractured bone which has a tendency to draw up the foot of the fractured main. With this exception the treatment must be conducted precisely in the same manner as other fractures of the femur. Fractures of complicated fractures of the neck of the femur. The indications for treatment of these fractures are the same as the others of the neck of the femur. The leg is likewise to be placed in the apparatus, and carefully arranged through the groin of union. These generally take place in from three to four weeks.

Yours respectfully

[illegible]

An
Inaugural Dissertation
on
Intermittent Fever.
Submitted to the examination
of the
Provost, Regents
and
Faculty of Physic
of the
University of Maryland
for the degree of
Doctor of Medicine
by
Jno. H. Lewis
of
North Carolina.

Feb 2nd 1854.

Intermittent Fever.

Intermittent fevers afford the best opportunity of observing the nature of a fever, and also the effects of medicine. No one can be at a loss to distinguish an intermittent fever from any other, especially in our marsh miasmatic regions, and the proper medicine for it, is now almost universally known. The several kinds of fevers of this description take their names from the period in which the paroxysm returns, as quotidian, tertian, quartan, and quintan. The true and proper intermittents which commonly occur are the Quotidian or daily, having an interval or intermission of twenty four hours. The second Tertian or third day, or eight days.

Causes. It is generally acknowledged, that marsh miasmata, or the effluvia arising from stagnant water, or marshy grounds, when acted upon by heat, are the most common cause of this fever. This is evident from their commencing in rainy seasons followed by warm weather.

and being most frequent in countries where the soil is marshy, along the borders of water courses, and in the neighbourhood of ponds. Marsh effluvia, however, are not the cause alone of intermittents, since it is found that persons residing constantly in the most healthy part of cities, and far remote from marshes, are not unfrequently attacked by them. It is more apt to attack persons exhausted by fatigue, intemperance, or illness, than the healthy: These are predisposing causes. The introduction of instruments into the urethra, worms in the intestinal canal, damp houses, exposure to evening dews, lying upon the damp ground, depressing passions of the mind, are, all of them, frequent causes of the disease. When the inhabitants of a high country remove to a low one, they generally have an attack.

In a word, whatever relaxes the body, diminishes the perspiration or obstructs the circulation in the capillary or small vessels, disposes the body to agues.

Symptoms: an intermittent is generally ushered in with pain in the head and lumbar region, weariness of the limbs, stretching, yawning, with sometimes great sickness and vomiting. To these symptoms, after an interval of indefinite duration, succeeds, 1st The Cold stage in The extremities become cold. The skin pale and contracted; the pulse small, frequent and somewhat corded; the general sensibility is much diminished: tremors come on, and finally, violent shaking: with suppression of all the secretions. Then comes the 2d The hot stage in After a longer or shorter continuance of shivering, the heat of the body gradually returns: irregularly at first, and by transient flushes, soon, however, succeeded by a steady, dry, and burning heat considerably augmented above the natural standard. The skin, which before was pale and constricted, becomes now tense and red, and is remarkably sensible to the touch. The sensibility, diminished in the cold stage, is now

preternaturally acute; pains attack the head, and flying pains are felt over various parts of the body. The pulse is quick, strong, and hard; the tongue white, the thirst great, and the urine is scanty and high coloured. and then comes the 3rd. Sweating stage. A moisture is at length observed to break out upon the face and neck, which soon becomes universal and uniform., the heat falls to its ordinary standard; the pulse diminishes in frequency, and becomes full and free; the urine deposits a sediment; the bowels are no longer confined; respiration is free and full; all the functions are restored to their natural order, when, however, after a specified time, the paroxysm returns, and performs the same successive evolutions. When the patients strength seems to decline in intermittent fever or the paroxysms increase in violence, or the regular period for the paroxysm is anticipated, active measures should be immediately resorted to.

It is always an unfavorable circumstance when the intervals between the paroxysm become shorter, as there is danger of the fever assuming the remittent or continued type: on the contrary, it is a favorable omen when the exacerbation is postponed or the intervals become longer. When the elements of the disease are regularly developed, that is, when the different stages follow each other with perfect regularity, a favourable issue may generally be confidently anticipated. The general charcter of intermittents is subject to certain modifications: in a practical point of view, it may be necessary, for all useful purposes, to make the following division, 1. The inflamatory: 2. The congestive: 3. The gastric: and 4. The malignant intermittents.

Since it is well known that they will all yield to the same remedies. I do not think it necessary to discuss each species. I for one, am disposed to view all fevers as one

continued chain of diseased phenomena, and the varied symptoms or modifications, as only so many different links, produced by some peculiar conditions of the atmosphere, or states of the system. We frequently see these modifying causes incessantly changing, and from these changes originate all the apparent dissimilarity in the features of disease, while in its essential character it is ever the same; and every variety of it should be treated pretty much alike — that is, with the same classes of remedies, varying them only to suit the peculiarities of the causes, and the grades of diseased manifestations.

As a strong proof that all fevers are similar, I will here give a summary of the most common and important symptoms in all fevers, which will show, most conclusively, that the symptoms of all fevers are the same, differing only in degrees of intensity, and that they are in proportion to the violence of

or severity of the causes, and the peculiarities and the susceptibilities of the constitutions in which they are manifested.

There are, generally, several days of indisposition previous to the attack of all fevers.

This is called the premonitory state, this state is known by loss of appetite, lassitude, a general restlessness: more or less disturbed sleep: with a disinclination to action of any kind.

In the commencement of all fevers, it rarely happens that there is not more or less of aching pains over the whole body: predominating, however, in particular portions, such as the head, back, and limbs. sometimes this pain is exquisitely distressing: but is apt to moderate as the disease progresses, there is also more or less of increased heat; sometimes it is intensely great. This symptom also continues as an attendant on all fevers, but is apt to moderate

as the disease progresses, although the tongue, lips, and even fauces, or throat, may become more dry, in such cases, the desire for drink springs more from the unpleasant sensations of dryness, or suspended secretions in the structure just named, than from the actual cravings of the stomach; since patients in this situation take only a swallow or two at a time, while in some other conditions no amount that could be retained by the stomach would satisfy the desire. In fevers, generally, we observe some more or less sense of heat in the stomach and bowels: we observe, also, an increased color and more scanty secretion of urine. In the last stages of all fevers in succession, with stools involuntarily discharged by stool and by urine and in all forms of fever these are alike unfavorable symptoms; though not necessarily fatal, as individuals have recovered after such discharges, some

all manner of fevers.

Treatment. The first thing to be done in every fever, is to remove the remote cause of the disease, so far as it can be ascertained: and if this cannot be done, to protect the patient as much as possible from its influence: for a disease cannot be cured if the cause giving rise to it continues to exercise its deleterious influence over the sick. If the fever be brought on by fatigue, colds, depressing passions, or similar causes, the appropriate means of protection will suggest themselves to every mind. If from the effluvia generated in marshes or ponds, remove the patient from their influence by placing him in an upper apartment: for experience has abundantly shown, that the foul air generated in such situations never rises so high as the second stories of houses. If this be not convenient, keep the doors and

windows closed on the side of the building exposed to low, damp grounds, this will afford very adequate protection.

Cold stage — various remedies have been exhibited for the purpose of cutting short the cold stage, and most of them with benefit in particular instances; but those only which may be used in the generality of cases, need be mentioned in this treatise. Emetics, it is said, have been employed in most cases with advantage, by putting a speedy termination to the paroxysm by breaking up the chain of morbid action and equalizing the circulation. In debilitated and relaxed habits, where vomiting might be dangerous, full doses of opium, may be administered just before the chill comes on; this is also said to prove beneficial, but in persons of a plethoric and vigorous habit of body, much benefit could not be expected, as they would have a tendency to increase the violence of the reaction, and hasten a

determination of blood to brain in the hot stage. In all such cases, much external warmth will render the hot stage more intense, without relieving in the slightest degree the chilliness experienced after the depression is fully set in. I deem an opposite practice is necessary in weak and debilitated persons, where the powers of reaction are feeble, rendering the development of the succeeding stage tardy and incomplete. Here both internal & external stimulation may be used to the extent necessary to prevent total prostration and lift the patient into the hot stage. These indications may be fulfilled by hot applications to the extremities and around the body, such as bags of hot salt, hot bricks enveloped in flannel; bladders of hot water applied to the pit of the stomach; friction with coarse woollen on the flesh brush; mustard ~~[illegible]~~ plasters applied to the ankles and wrists.

Among the best internal stimulants are sulphuric ether, which may be given in doses of a teaspoonful, mixed in cold water, every forty minutes: the carbonate of ammonia, in five grain doses, commencing just before the chills set in, and repeated in half an hour if reaction have not come on: wine-whey: brandy toddy: and ginger tea, are excellent.

Hot stage.— All fevers so far as I have seen are more or less inflammatory in character. This course of things may be beneficially the administration of gentle diaphoretics, such as warm balm tea, a decoction of thoroughwort, or small doses of a very weak solution of tartar emetic or of ipecacuanha. Sweet spirits of nitre and the effervescing draught are excellent. In the sweating stage, the patient should be allowed copious draughts of cold water, or some cool, stand. acidulated drinks. Whatever prejudices may be entertained

in regards to the use of cold water in fever, the most extensive experience testifies to its beneficial effects. Indeed, it is, when judiciously managed, entirely competent to the reduction of the disease itself. Nothing is more grateful to the patient than cold water, nor does the materia medica possess a more effectual febrifuge. If the skin be hot and dry, sponging the head, face, arms, and breast, or indeed the whole body, with cold water, or a mixture of vinegar and water, for twenty or thirty minutes, will in some cases, entirely subdue all febrile action, and bring on the sedative stage, with perfect relief from all unpleasant or inflamm. It would be worse than useless to sponge the body for a few minutes only. The tendency to reaction must be entirely overcome, or the excitement will return with augmented violence as soon as the cold applications are discontinued. When the patient experiences chilly sensations

from the use of cold water, it should be discontinued immediately.

The treatment, most proper to pursue. In most cases it is well to commence with an active cathartic, if the bowels be much confined, such as Calomel combined with jalap or rhubarb, or a free dose of castor oil, so as to clear the bowels. As soon as this is done, begin with some antiperiodic remedy, to prevent the recurrence of the paroxysm. The best by general consent, is Peruvian bark and its preparations, these stand at the head of the list. The bark in substance is now seldom given, the sulphate of quinine being preferred, both on account of the size of the dose and the greater likelihood of its being retained by the stomach; of which, from four to five grains should be given every three hours, either in pill or in solution with a few drops of diluted sulphuric acid, until from twenty to

forty grains are taken in the apyrexias.
Under some circumstances, it may be necessary to administer the whole dose, either immediately before or after the paroxysm: as, for instance, when the apyrexia is exceedingly short, and in the quotidian. Upon the whole, it is best, as said by some, to introduce it into the system gradually. However, Quinine in small doses produces a stimulant effect: in large doses a sedative. The remedy should be continued in gradually decreasing doses, for ten days or a fortnight after the last p.d. as the complaint is very apt to return on the seventh or fourteenth day after the attack. If the quinine is rejected by an irritable stomach, it may be injected into the rectum in solution in distilled water, with a drop or two of laudanum; or applied endermically to the epigastrium.

Much controversy has arisen among Physicians respecting the proper period for the exhibition of quinine.
I for one, from my limited experience, would be disposed to give it without regard to fever, in, I may say, all cases. My experience, and the weight of the experience of some of the most worthy of the profession will go to show, and to give to it, all the virtues for which it has, as yet, obtained credit, and even more. It has succeeded, in a far more eminent degree than any other article of the whole Materia Medica, in contending successfully with fevers, of whatever type, and in whatever stage it has come befor us. I am not only satisfied as to the curative powers of quinine, but can ascribe to it preventive virtues also.
I would here recommend the sulphate of cinchonia, for two plain and simple

reasons: in the first place it cost less.
and in the second place, I am confident
it possesses the same virtues as the quinine:
and in chronic cases of intermittent
fever, when you have failed with the
Sulphate of Quinine; you can frequently
put an end to the paroxysm, by giving
the Cinconia. and do that too: without
creating any disagreeable effects, as you
would be likely to do with the Quinine,
and using it also in larger quantities.
I have tried this on any one person,
and succeeded; to which I feel very much
indebted to Prof. Chew of this city, for
the prescription.

An Inaugural Dissertation on DIGESTION;

Submitted for Examination to the Provost, Regents & Faculty of Physic of the University of Maryland,

For The

DEGREE OF DOCTOR OF MEDICINE,

by

William Wallace Lambdin

of

MARYLAND.

To

Joseph Roby, M.D.,

Professor of Anatomy & Physiology,

In admiration

Of his acquirements in Science, and

his zeal as a Teacher of Scientific Truth;

And to

John M. Finney, M.D.,

My private Preceptor and Friend,

In remembrance

Of his many kindnesses towards me,

and in appreciation of his mental

abilities, and his sterling worth;

This humble Essay

is respectfully inscribed.

Digestion.

Man, the noblest and most exalted of all created beings, and whose life is lengthened out to a period greater than that of nearly every other living animal, requires for the healthy continuance of his existence a large amount of suitable nourishment.

Food is demanded in the animal economy for these several purposes: 1st for the original construction of the body; — 2nd To repair the loss and waste of tissue which are being constantly outlived — both having a state of rest and also in much greater degree during active exercise; and 3rd for the production of calorification, or the production of the necessary amount of animal heat. The process by which the different alimentary substances are brought into a condition to perform these various offices, is called the function of Digestion.

Food in order to be either used for the purposes

-ses of nutrition, must be of a certain quantity and of a certain quality. The quantity [illegible] be proportionate to the demands of the system, being regulated by the condition of inaction or exercise to which the person is subjected, by age, giving persons requiring more food in proportion to the size of their body, than the old; - by external temperature and the vicissitudes of the seasons, a greater amount being demanded to produce comfortable heat in cold, than in warm weather; - and by the existence of fever and other drains upon the system, which would have a tendency to exhaust the vital powers, were the continued loss not otherwise made up by increase in nutrition. The quality, or kinds of food is also a circumstance always necessary to be considered; organized matter, or substances that have passed vitality, seem to be alone capable of being assimilated to the different tissues of the body, and hence, aliments must necessarily be derived from either the Animal or the Vegetable kingdoms, or as we shall endeavor to show, from both.

A mixed diet, or one comprising both animal and vegetable substances seems therefore to be intended for man's use; and that such a combination is indispensable to his healthy existence is shown by the occurrence of Scurvy after long confinement to animal food, and its ready cure by placing the patient upon vegetable diet again. A further argument in favor of a mixed diet is to be derived from the character of the digestive apparatus in the human system, which is intermediate between that of the Carnivora, whose food is confined solely to animal matter, and that of the Ruminantia, who subsist entirely upon vegetable substances.

With reference to their chemical character, alimentary substances have been grouped together in various classes by different Physiologists; the one in adopted by Liebig is perhaps the simplest and most unexceptionable. He divides the various articles of aliment into two classes: the azotized or nitrogenous, and the non-azotized or non-nitrogenous; the former [illegible]

the kingdoms of animals and vegetables life.

Azotized substances comprise albumen, fibrine, caseine, gelatine, and vegetable gluten. These are necessary for the nutrition and maintenance of the tissues and are hence called plastic or nutritive elements. The non azotized substances are employed in the supply of materials for producing animal heat and carrying on respiration, and are therefore designated respiratory or calorifacient elements, and comprise the various fatty or oily matters, starch, gum sugar, &c. But besides these nutritive and calorifacient elements, there are others called incidental, belonging to the inorganic world, which constitute part of the animal frame, and which may also be discovered by analysis in the various excretions, and without the aid of which the first two would be almost useless; the principal of these are lime, soda, sodium combined in the constituents of the bile and the gastric juice and the blood; Sulphur found in albumen, fibrine, caseine, and gelatine; Phosphorus found in the teeth, bones, and nervous substance;

Lime which enters largely into the composition of the osseous structures of the body; and Iron which exists in hæmatosine the coloring matter of the blood, and in the pigmentary tissues, and the hair.

A combination of these three alimentary substances – not only the Azotized and the Non-Azotized, but also of the incidental elements – is necessary for the proper nutrition of the human species and the continuance of his existence in a healthy state. This assertion receives corroboration from an examination of the composition of the nutriment which Nature, the great parent of all, provides for the young of animals before they are yet capacitated by age and strength for obtaining food to supply their own necessities. The milk which forms the food of the young of all the Mammalia, has been shown by analysis to contain caseine an Azotized element, – butyrine and lactine of milk, non-azotized – and also saline matters chiefly phosphates, free soda, and Chloride of Sodium and Potash, which with represent its incidental elements. For the embryos of oviparous animals, the yolk and

albumen contained in the egg bear the same relation to their nutrition as milk does to that of the young of mammalia; thus presenting all the elements necessary for the nutrition of the animal tissues and the development of heat. The experiments of Magendie go to prove the same thing: he fed healthy dogs exclusively on sugar and distilled water – others on gum – some on butter – and others on olive oil and water; the first 5 or 6 or 7 days they all seemed brisk and active, and took their food and drink as usual; during the second week, although their appetite still appeared good, and they took their usual amount of food, they lost flesh and vigor and activity; in the third week they became more feeble and emaciated, and losing their appetite, they died during the course of the fourth and fifth weeks, and on dissection their bodies presented all the appearances produced by death from starvation.

The food, when introduced into the system becomes at once subject to the operation of the function of Digestion, by which it is first reduced to the fluid state to

be absorbed, and then becomes separated into a portion which is intended to be assimilated to the animal tissues to repair their waste and loss, and which is perhaps modified in its character, when necessary, by the chemical agents with which it comes in contact, so as to be the more subservient to its purposes, and one into a portion which is not capable of being thus assimilated, and which is therefore thrown off from the system as useless. The processes by which these changes are wrought upon the food may be considered as including, Prehension, Mastication, Insalivation, Deglutition, Chymification, Chylification, and Defecation.

The act of Prehension is [illegible] by the [illegible] of the hand [illegible] specially the [illegible]. By the action of these the food is introduced into the mouth, [illegible] form the next two processes in the Digestive chain. In some of the lower [illegible] Insalivation is effected by means of the lips and teeth [illegible] the human [illegible] the [illegible] the [illegible]

by which prehension is accomplished, the nipple of the mother being seized automatically by the lips & the infant, even after its brain has been removed. Whence most Physiologists consider this first Digestive process to be seated in these parts. But the Digestive function of the infant should not be taken as a type of the process in the fully developed human being, for besides this difference in the first process the second is also different in the infant and the more developed man — the act of Mastication being substituted by Sucking.

The process of Mastication is altogether a voluntary one; the vessels by which it is performed are the teeth, aided upon by certain of the muscles of the lower jaw; by these the food provided is mechanically triturated being kept in contact with them by the action of the tongue, cheeks and lips, and becomes intimately commingled with the secretions of the various salivary and mucous glands situated in the walls of the cavity of the mouth, [illegible] even when the mouth is empty, flowing out [illegible]

-tions, but which are excited into increased activity by the irritation offended by the fracture of the food. In the Carnivora whose food consists almost entirely of flesh, and requires but little mastication the teeth are raised into sharp cutting edges and the jaws shut together with only a scissors like movement; in the Herbivora on the contrary which subsist on the grass-es, leaves, stems, and roots of vegetables, the molar teeth present horizontal surfaces with slight ridges on them, and their jaws are articulated in such a manner as to allow a lateral motion to a great extent, thus enabling the animal to reduce his tough aliment by a process somewhat similar to that of grinding; whereas in Man the shape, size and situation of the teeth, and the articulation of the jaw occupy a medium between the two, giving evidence of the design of the Creator to make him subsist on animal and vegetable aliments.

The Saliva, which is a watery fluid, is secreted by the Parotid, Submaxillary, and sublingual glands; it becomes intimately incorporated with the

aliment during the process of mastication, rendering the food more easily bulbified and also facilitating by its minute incorporation with the food, the subsequent action of the Gastric juice upon it. The Saliva when first secreted, has an alkaline reaction, but is so largely mixed with the mucous secretions of the mouth it becomes acid. It contains a peculiar animal matter called Ptyaline, insoluble in Alcohol, which seems to have the nature of a Ferment, as by its agency starch is converted into Sugar, and Sugar into Lactic Acid; and when acidified it exerts a slightly solvent power on Caseine, and also on the Albumen compounds. Further than this, Physiologists, passed at present in certain knowledge as to the nature of the chemical action it exerts upon the food.

The food, thus reduced by the aid of the teeth to a soft pulp, and thus rolled by the tongue, and then covered with the acid secretion of the mucous glands and follicles of the mouth, is conducted by the pharynx

the action of the tongue; this is of course a voluntary movement; but when the bolus has passed the anterior palatine arches, the act of deglutition becomes at together involuntary. The contact of the food with the extremities of the afferent or sensitive nerves distributed to the mucous membrane of the fauces and pharynx, produces an impression which is carried by them to the Medulla Oblongata, and from this centre a motor influence is transmitted, through the efferent nerves to the muscles of the part; the anterior palatine arches close behind the food, preventing its return into the mouth; at the same time the posterior arches contract and lift the Velum, Uvula and uvula close up the entrance to the posterior nares, thus hindering the escape of the food in that direction; the larynx is drawn forward under the root of the tongue, and the epiglottis is drawn downward, thus shutting up effectually the rima of the glottis; by other influence, the constrictors of the pharynx contract successively upon the bolus which having no other passage of escape left, is forced downwards into the Oesophagus, which by its regular

peristaltic action, or alternate contraction of its circular muscular fibres from above downwards, carries the food until it comes in contact with the sphincter at the Cardiac orifice of the stomach; this yields to the pressure of the alimentary mass and the food falls into the stomach, to be acted upon by the secretion of the Gastric glands.

Previous to the year 1823, Dr. Beaumont investigated the changes effected upon the aliment by the gastric juice, either by means of an artificial digestive fluid, prepared by macerating portions of the mucous membrane of the stomach in water, and adding to this infusion a few drops of Hydrochloric Acid, representing as nearly as possible the fluid employed in stomachic digestion; or they enclosed solid food in a tube of tin, or a wire sieve, and then introduced it into the stomachs of dogs, &c., and within an hour it had been exposed to the action of the gastric fluid, producing the same change upon the character of its elements. [illegible] gains obtained a quantity of food [illegible]

stomachs of animals by causing them to swallow pieces of sponge, which they then withdrew coated with the fluid secretion of the stomach. But accident afforded an opportunity to Dr Beaumont of Canada, to observe these changes going on in the living human subject. A young Canadian, Alexis St. Martin, received, in the year 1822, an extensive gun shot wound in the left hypochondriac region, which laid open the stomach on its cardiac extremity. The walls of the stomach in healing united with the abdominal parietes and left a fistulous opening into the stomach, which was closed by a fold of mucous membrane projecting into the external wound, and this could readily be thrust back by the finger and thus afford opportunity to examine the contents of the stomach, and the various changes effected in the aliment by the Gastric Secretions.

The Gastric Juice he was thus fortunate to have the opportunity of obtaining as early as June, 1825, at which time the cicatrization had been completed in the wound. Dr. Beaumont describes as a clear transparent fluid inodorous, a little saltish and very perceptibly acid. He

taste is similar to that of thin mucilaginous water slightly acidulated with Muriatic acid. It is readily diffusible in water, wine & spirits - slightly effervescent with alkalies, and is an effectual solvent of the "Materia alimentaria."

The Gastric Juice has been found by analysis to contain Hydrochloric and Acetic Acids, upon which its acid character depends - phosphates of Soda, Magnesia, Potassa and Lime, and a peculiar animal matter somewhat similar to Ptyaline, called Pepsine, soluble in cold - but insoluble in hot water. The presence of both the Pepsine and the acids in Gastric Fluid, is necessary to Chymification; the former has a property similar to that of Ptyaline contained in the Saliva, acting as a ferment; not undergoing any change in itself, nor combining with any of the substances with which it meets in stomach, but rapidly proceeding to solution the various solids with which it may come in contact.

The food received into the stomach by deglutition coming in contact with the mucous membrane excites an increased afflux of blood to the gastric vessels and the Digestive fluid is freely poured out in copious quantity.

ing to the amount of aliment in the stomach, and to the wants of the system. The muscular coat of the stomach, under the influence of the reflex system of nerves, is thrown into action, and by the alternate contraction of its various sets of fibres, the alimentary mass is brought into immediate relation with every part of its mucous lining, and is thus acted upon by fresh quantities of Gastric fluid. At the same time the Sphincters at the Cardiac and Pyloric orifices are contracted to prevent the escape of the food through these openings. The experiments of Dr. Beaumont and other Physiologists of late years have thrown great light upon the nature of the changes impressed upon the various articles of aliment in the stomach. Animal substances seem to be more speedily amenable to the solvent powers of the digestive fluid than Vegetables. Muscular tissues at first separate into their ultimate fasciculi, and these ultimately become dissolved, with the exception of some fibres which may be detected in the fæces. The cells of Cartilage and Fibro Cartilage are not changed through the Alimentary Canal, while their intercell

-tial tissues are dissolved. Other substances, as elastic tissues, horny matters, resins, woody fibres, starch cells, &c., are also detected unchanged in the faces. Oily matters ~~matters~~ do not seem to be further acted upon by the Gastric juice, than by having their envelopes or fat cells dissolved; whereby they are more generally disseminated through the alimentary mass. The Proteine compounds undergo solution, being converted into a low form of albumen, and lose all trace of their individual identity. The Saccharine compounds are first mechanically separated from the vegetable substances with which they are combined, and then the soluble principles sugar, gum, & Pectine, are probably at once absorbed. No change is effected upon the insoluble Starch and Lignin unless there be present a quantity of Ptyalin in the Stomach; but these substances are fully acted on in the small intestines by the secretion of the Pancreas. Aliments in the form of liquids, and those substances which are most soluble in the Gastric fluid, seem to be absorbed at once into the blood vessels distributed to the Gastric mucous membrane; while the more solid substances, with the insoluble matters of the

food, pass into the Duodenum to be exposed to the further action of the Biliary and Pancreatic secretions, and to become ultimately separated into Chyle. Liquids also, holding more insoluble substances in suspension, have their fluid part absorbed immediately in the stomach, while the suspended aliment, becoming thus more concentrated and more solid, is added to the mass of chyme already in the stomach.

An essential circumstance yet to be considered in the process of chymification is the proper temperature of the stomach; this Dr. Beaumont found to be 98° - 100°. At this temperature, the secretion of the juices readily takes place, whereas it was arrested by the presence of stimulus in the stomach; but when he injected into the stomach fluid taken from the living organ, at a low degree of temperature - to 34° of Fahrenheit - the process of digestion was at once arrested. Hence the impropriety of drinking large quantities of cold water at meals, or during the continuance of digestion. An increase of temperature much above the natural heat of the stomach, is attended also with a like result.

The food thus dissolved by the juices and [illegible]

of the stomach now forms a semi-fluid, pasty, uniform homogeneous mass, the Chyme, - of an acid reaction and slightly acid taste. Its appearance and consistence vary greatly, according to the nature of food used; when the food has comprised much fatty or oily matters, the chyme will present a creamy aspect; when farinaceous articles have formed the bulk of the food, it will have the appearance of gruel. When the food has become liquified it passes through the Pylorus into the Duodenum; this act does not take place at once, but gradually; for as each portion of the food becomes dissolved, the Pyloric sphincter allows it to be poured out into the small intestine, and the remainder of the food in the stomach being thus gradually reduced in quantity is operated on more energetically by the Gastric fluid.

In the small intestine, the chyme becomes mixed with the secretions of the liver and the Pancreas and by the Lieberkühn's, Brunner's, and Peyer's glands.

The Bile is a secretion of the liver, of a greenish yellow color, and bitter taste; at first neutral, but afterwards becomes alkaline. It contains cholesterin and [illegible]

matter, the principal constituents of which are, Cholesterine, Biline, and a coloring matter, Biliverdine. The chemical composition of it is represented by Liebig to be $C_{26}H_{22}O_{5}N_{2}$ and a quantity of Sulphur. The secretion of Bile is constantly going on, but more actively when food has been taken than at other times; yet it is only during the frequency of digestion when the Bile duct is distended by the presence of chyme in the Duodenum, that the bile is poured out into the intestine. At other times when digestion is not going on the bile secreted by the Liver regurgitates into the Gall Bladder where it accumulates and becomes more concentrated by the absorption of its watery constituents, and at the same time becomes mixed with the mucous secretion of the lining membrane of the Gall sac. The Gall Bladder acts as if it is a reservoir to retain the bile when it is not needed, and to empty it into the intestine when it is called for by the presence of Chyme in the bowel. The functions which the bile serves in the animal economy are two fold: 1st to remove from the system any excess of carbon or other elements what is required for the purposes of respiration and assimilation, and principally to remove from the blood

their products of the disintegration of the tissues which are rich in Carbon and Hydrogen; and 2nd, to aid further in the digestive process by the changes which it impresses upon the Chyme. As first purpose is an excrementitious agent not being concerned in the process of assimilation will not claim any further notice in an Essay on Digestion. Of the part played in Digestion by the bile, but little is satisfactorily known. Some physiologists assert that it has the property of converting saccharine matters into fat; others, on the contrary hold that by its action fatty substances are converted into Sugar. Perhaps the most probable view is that which supposes the fatty matter entering the Liver to be resolved into its constituent fatty acid and Glycerine, both of which by becoming oxidized are further transformed, the former into Choleic acid to be removed by the bile, the latter into sugar, removed by the blood of the Hepatic vein, through which it enters the general circulation." (Vide Lagol. Physiol. p. 201.) It also exerts a purgative action thus the intestines increasing the [illegible] of [illegible] from the [illegible]

-oral glands, and stimulating the bowels into the regular peristaltic movements by which their contents are finally expelled. Besides this it seems to have an antiseptic influence, both in the bodies and out of it preventing or retarding the decomposition of the alimentary substances with which it has been mixed.

The Pancreatic secretion bears a very close resemblance to the saliva in its chemical composition and its physical properties, being a colorless, transparent and slightly acid liquid, at first alkaline in reaction, but subsequently becoming first neutral and then acid. Like saliva it possesses the property of transforming starch into sugar; and it is probable that those substances which have escaped this effect in the mouth, are thus acted on by the action of the Pancreatic secretion in the Duodenum. Of the functions, together with the Bile, of promoting the digestion of oleaginous substances, or at least of emulsifying or saponifying them to a little further minute division as to admit of their easy absorption by the lacteals.

It is very probable that the various secretions poured into the small intestines, exert a much more marked influence upon the chyme, ~~than~~ when mingled together, than if they act upon it separately.

Brunner's Glands, situated only in the Duodenum, pour out their secretion into the intestine, through their excretory ducts, which is considered as good in character to that of the Pancreas, assisting in emulsifying fatty matters.

The Follicles of Lieberkühn, are scattered over the whole surface of the Duodenum and Large Intestine. The secretion they discharge from their open mouths appears intended simply to moisten the surface of the Intestinal Canal and to facilitate its being irritated by the passage of its contents.

The Glands of Peyer located in the small intestine, and most thickly here in the other caecal tube, the spiral second turning of the colon, by the bowel a rapid distention, after a attended with pain, and [illegible]

mentitious, as the Chyme does not obtain its fecal odor until mixed with this secretion.

(7) The Chyme, after it has been passed into the Small Intestines, and mingled with the Biliary and Pancreatic, and other secretions of this part and then taken from the body, or when mingled out of the body, has been seen to consist of the three parts: a solid lower portion consisting of excrementitious matter, the insoluble parts of the food, and of the Bile; a very little fluid in the center containing albumen and, in some, saline matters in solution; and a creamy fluid on the top consisting of the emulsified fluids of the food in a state of minute division.

(8) But in its passage along the intestines the more soluble portions of the chyme are gradually absorbed by the absorbents along the mucous membrane of the chyme, and by the villi, or the numerous villi with which this surface is studded, so that by the time it reaches the large intestines the great part of it [illegible]

been already taken up, and the mass is half more consistent and darker, consisting chiefly of excrementitious matter, mingled with the Hepatic and other digestive secretions. The folding up of the mucous coat of the smaller bowel into the Valvulæ Conniventes, gives a much greater extent of surface of mucous membrane, and consequently an infinitely increased number of the lacteal villi.

The process of Chylification is thus performed; and the Chyle, taken up by these lacteals is found to be an opalescent or yellowish white, milk-like fluid of an alkaline reaction containing about 10 per cent. of solid matter, consisting of albumen, Chyle and Lymph globules, fat in Fats and Saline matters. From the villi of the Intestines, the course of the Chyle may be traced through the Chylific and mesenteric lacteals, into the Receptaculum Chyli, and thence by the Lymph Duct, called the Thoracic Duct, passing through the Thorax along the Spinal column, from this it is poured

into the current of the circulating fluid, by which it is carried to all parts of the system to fulfil the designed office of nourishing, healing, building up, and repairing the organic frame.

The Chyme in passing through the intestines, stains its alkaline character; but on its passage into the commencing portion of the large intestines, it becomes again given over to the alkali. Physiologists are at present in a state of doubt as to this change; One writer believes the acid secretion of the secretions from the Cecal glands, to be intended for the purpose of dissolving any particles of nutritious substances that may have escaped solution in the acid secretion of the Gastric glands; another ascribes the acidity of the Cecal secretions to the transformation of Lactic Acid, which part of the Starch and Sugar which had escaped this change in both the Salivary and Pancreatic secretions.

As the Food, now consisting almost entirely of effete matter, passes along the convolutions

impelled by the peristaltic motions of the bowel whatever small amount of soluble alimental remains, continues to be absorbed; and the mass becoming more and more assimilated in appearance and consistence to the fæces, accumulates within the Rectum, thus distending the gut, and pressing upon the Sphincter Ani, it gives rise to a sensation of uneasiness and discomfort to the individual, who, to ease himself of the burdensome load, flexes his legs upon his thighs, and these upon his abdomen,- fixes his diaphragm by a deep inspiration, calls to his aid all the powers of his abdominal muscles and with a throw of effort,-

"Shuffles off a mortal coil!"

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An

Inaugural Dissertation

on

Natural Labor

Submitted to the examination

of the

Provost Regents

and

Faculty of Physic

of the

University of Maryland

For the

Degree of Doctor of Medicine

By

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Maryland

Natural Labor

Labor is a function in which the fetus is expelled in due time, and in the law intended and fitted for conception, or about two hundred and forty days after quickening.

Labor is divided into Natural and Preternatural.

Natural Labor is that which follows a natural course and terminates in the natural period of twenty four hours, each stage being in proportion, with safety to the mother and child, and which the placenta is expelled in due time.

The general features of labor are the same in every case but the details are widely different. It is always attended with suffering of the patient to consciousness and is sometimes complicated with inflammation and danger. The sensation also varies much as well as the amount of pain in different women, and the

some women in different regions, some expelling their children with a single pain, others requiring many to accomplish the same object.
The symptoms of labor may be divided into the premonitory, and those which indicate that the process has already commenced.
The premonitory symptoms are the subsidence of the abdominal tumour, some slight-mucous discharge from the vagina, together with relaxation and distensibility of it and the pelvic parts, with a peculiar irritability and restlessness on the part of the patient. The diminution of the abdominal tumour is caused partly by the subsidence of the uterus in the pelvic cavity and partly perhaps by the painless contractions of the same organ. It is sometimes very sudden in its appearance the woman finding on rising from her bed that she is much less than on the preceding day. It is generally a good sign, as indicating that she has a roomy pelvis, the increase in the mucous and relaxation of the external parts is also a good sign, showing that there is a disposition in the passages to facilitate labor.

The significant indications of the commencement of labor are, pain, slimy discharge from the vagina, irritability of the bladder and bowels, nausea and vomiting, and rigors running, without the accompaniment of chills. The pain felt in labor is due to the sensibility of the existing, rather than to that of the expelling organs. The sharp cutting pains of the commencement, which are technically called grinding, are produced mainly by the stretching of the os uteri and the vagina, and are generally felt to the lower part of the abdomen and the back, in a position corresponding to the position of the os uteri. These generally accompany the dilatation of the os uteri, and are indicated by the cries and gestures of the patient, the moaning of attendants, complaining, breathing hard, twisting and writhing.

When however the dilatation has gone to such an extent as to allow some of the contents of the uterus to be propelled through the opening, the pains become a forcing of these contents, and the gestures differ from those before indicated.

The breath is held; she no longer cries out; but makes strong expulsive efforts as if straining at stool; she makes use of the muscles of respiration to fix the thorax, and then contracts the abdominal upon the uterus, at the same time pushing violently upon anything within her reach. The gestures and cries are valuable indications of the character of the pains.

The characteristic of the uterine pains is that they are dull, and not very acute in their character; we feel pressing in the back and loins, that under their action the uterus becomes tight and hard; and particularly that they are epileptic and intermittent; that is coming on at totally equal intervals, and succeeded by an entire relief from pain or suffering. At the commencement the uterine pains are short, weak, and at longer intervals; as advances, the intervals become less and the pains longer and stronger. It is well known that the false pains may be suspected by any intelligent witnesses, particularly those of a different character, as well as by officiates, attendants either by the breath or lectum, or rubbing upon the pubic surface.

The mucous discharges which take place from the vaginal surface in women consist of the secretions of glands. It is generally mixed with the gelatinous mucous that blocked up the uterine cervix and with more or less blood. The more albuminous it is the better, and it is always a good sign when lumps of albuminous matter come away from time to time; the thicker, softer and cushiony this as is the more mucous does it secrete. It is useful not only as a lubricating agent, but also as a topical depletion, for by unloading the congested vessels the sensibility and heat of the part are diminished and therefore more capable of tolerance.

The irritability of the bladder and rectum are very the most prominent signs of the commencement of labor, and are dependent upon the sensitiveness of the dilating os uteri and these signs, which all denote a portion of their nervous influence from the same source, the disposition to vomit spits even when the bladder is empty, and the nervous irritability of rectum is equally independent upon the presence of fecal matter. Nausea and vomiting at the commencement of labor are looked upon as

favorable signs being indications of a general relaxation which favors dilitation of the os uteri. It must not however, be confounded, with that which sometimes supervenes in lingering labors which is rather prognostic of great exhaustion, and to be treated accordingly.

In ordinary cases, varying in the stages of pain & treatment, being generally relieved as soon as dilitation takes place, where however it is not easy to obtain, it may often be checked by an effervescing draught, with a few drops of Tinct. Opii. The pains which often occur early in labor are likewise a concomitant of the dilitation of the os uteri, and other of the same, and not dependent on diminished irritation of the female, or irregular uterine action, they require little or no treatment than an opiate occasionally, and liberal drinks.

The Stages of Labor. Some physicians divide labor into three, others into four, five or six stages all ending, with the expulsion of the placenta, the first division, is into three stages, is the one generally and most easily adopted, and are thus enumerated, the first with the dilitation of the os, the second the delivery of the child and the third the expulsion of the placenta.

First stage. This is generally the longest and most distressing, both to the practitioner and patient. The pain although not so great as in the second stage is of a more distressing character and more difficult to bear. The patient is more irritable, uneasy and alarmed as to the result. The character of the cry, as before mentioned, as well as the gestures, are peculiar to the cry, as well as diagnostic of N. Nausea and vomiting also occur during this stage, and it is thought, assist in effecting N. By placing your hand upon the abdomen during a pain the uterus can be felt to contract and harden itself and at the same time, to tilt forwards so as to bring its axis into accordance with that of the superior strait. As the pain goes off, the uterus becomes soft again and, however, returning to its former state of relaxation. The approach of a pain may often be foretold by the practitioner before its accession, by ascertaining the moment a pain begins and before its cessation. By auscultation the patient is hardly aware of it is heard a short rushing sound, which appears to proceed from the liquor amnii, and is partly produced by the movement of the child which occurs in anticipation of the coming on of the contractions of the uterus.

Movement at the time of the strong pulsation becomes stronger; other tones, which have not been heard before, and which are of a peculiar character, now become audible, and seem to detach themselves through the stethoscope, like the sound of a string which has been struck and drawn together, which is the set of vibrating."
As the pain grows stronger, the pulse rises. By the time pain has reached its height, the second-tone entirely ceased, or becoming very faint; as it departs, however, the sound again returns as at the beginning of the pain, and finally resumes its former tone, which it had during pregnancy. The noise made by the escape of blood through the uterine vessels during contraction, is probably an important element in the production of the sound in question. It is mentioned by Dr Hegly that the pulse increases in rapidity in proportion as the pain rises in intensity, subsiding in the same manner with it: as the labor advances, the rapidity of the pulse increases, so that shortly before the child is born, it has attained to frequency that it had during the height of the pains in the commencement.
A few hasty examinations of the mammary [illegible]

labor reveals to us the condition of the parts through which the child is about to pass. If the vagina is rich, moist, and cushiony, and the os uteri soft and thick, the dilatation will most probably proceed favorably. If on the contrary, the vagina is hot and dry and the os uteri hard and thin, or hard and thick, the first stage will generally be tedious. The time occupied in the first stage varies very much in different women, and in the same woman in different labors. In primiparae it is generally longer than in those who have had several children. Regular and uniform contractions seldom require eight or ten hours to perfect this stage, and often it is accomplished in much less, the dilatation also proceeds much more slowly at the commencement than it does later; this is owing to the want of the mechanical dilitation which it afterwards receives by the formation of the bag of waters which acts as a wedge and forcibly distends the os uteri. As the circle of the os enlarges the membranes of the ovum containing a portion of the liquor amnii protrude through the opening, forming a hard, elastic, round bag; this by its mechanical pressure assists in the

dilitation of the os. During a pain it can be felt becoming more and more tense, and again relaxing as the pain subsides, so that the presenting part can often be detected through it. Near the end of the first-stage streaks of blood will often be found with the mucous upon the finger, after an examination, this is commonly denominated "show" and it is usually an indication that the os uteri is dilated, or nearly so. The hemorrhage proceeds from the small capillaries extending between the uterus and the membranes which are ruptured during every succeeding or increasing dilitation. The phenomena which have been described are repeated during every succeeding pain until the dilitation of the os is completed. During the whole period of the first-stage, the pains have been acting not so much for the expulsion of the child as for preparing it and the passage for that purpose. As soon as the os uteri is completely dilated the first-stage is ended and the second stage commences. The phenomena that presents itself during the second stage differ from those of the first. The pains follow each other with greater rapidity and last longer, and the

suffering is far more severe, but owing to the necessity of fixing the chest as a fulcrum for muscular exertion, the breath is suspended during a pain and the outcry suppressed during a pain except at its termination: the character of the outcry is therefore as good a test of the second stage as the first: At the occasion of each pain the patient holds her breath and staying hold something with her hands, bracing the muscles of the extremities, of the back, and abdomen, to aid the expulsive efforts of the uterus, these are the bearing down pains of the second stage. If the membranes have not ruptured previously they generally give way during one of these pains and the liquor amnii is spent through the external organs; the foetus forced downwards by the same contractions, immediately fills up the space occupied by the bag of waters, and the uterine contracts upon the body of the child which is therefore forced into smaller space and is much more compressed than previously. Each succeeding contraction pushes on the presenting part; but as the pain goes off it recedes, not however, to the point it occupied

before, as there generally is more or less advance on that gained by the preceding effort. If it comes for this gradual advance and recession there would be great danger of lacerating the soft parts from a continued expulsive effort before the passages are sufficiently dilated to receive the presenting parts. It thus not only takes away the danger of pressure, but it is of itself a good sign, inasmuch as it proves that the cavity of the pelvis is sufficiently capacious. The tumour during the second stage is much less irritable than in the first. She seems to have recovered her energy and equanimity, and if the stage be prolonged will often sleep between the pains. The young practitioner should be on his guard in relation to this symptom, particularly if it be in primiparae, and be much pleased, or accompanied with headache, as it is indicative of congestion and may be the precursor of convulsions. During the descent of the presenting part particularly if it be the head we are often informed of its progress by the occurrence of an uneasiness or sinking the lower extremities, produced by pressure upon the internal sacral nerves, from the head

uence of another pains the head descends into the vagina and begins to press upon the perineum, the vertex becomes flattened and is contents involuntary expelled; by the time it has reached the floor of the pelvis it is about to meet with its greatest obstacle that is the perineum. Here again we observe the gradual advance and recession, until this part is distended to such a degree as to allow the presentation to escape over it. This distension is often so great and the perineum so thin, that the finger can scarcely distinguish it from the presenting part. Occasionally it happens from this cause that the part is rendered transparent, so that the presentation is visible through it. Dr. Madame Lachapelle has seen the hair of the foetal head through the distended perineum. The presenting part has now entered the pelvis, the vagina is pushed backwards, and the external orifice is dilated, the meatus perineal and the whole perineum is elongated; the vertex appears and then the bregma comes, in part gently upon it shoulder, and the perineum disappears entirely. This is not the case, however, with the labia minora

which can be felt at the moment of exit, and greatest distension. The suffering of the patient are now at the height and the pains are frequently called "double" a new one commencing before the former has quite terminated; the force is at length so great that the resistance is overcome and with a cry of anguish the exit is effected. There generally succeeds an interval of rest for a few moments or more then the pains again return, and the remainder of the child is expelled.

The second stage is now completed and the woman is entirely free from pain. If the hand be placed upon the abdomen, it will be found flabby and relaxed, and the uterus can be felt through the abdominal parietes, large and moderately contracted.

The third stage of labor includes the detachment and expulsion of the placenta. In some cases, the contractions which expell the child expell the afterbirth, in most cases however it is partly or wholly detached, remaining in the uterus or the vagina, from whence it may be expelled by the natural powers alone or aided by gentle traction, the interval which elapses after the expulsion of the child, before

the uterus again actively contracts to expell the placenta, varies somewhat in different cases, apparently according to the fatigue that organ has undergone. Dr Clark found the average interval to be about twenty minutes. Out of 277 cases which have been accurately noted by Dr Churchill he found that in 176 the placenta was expelled within five minutes; in 60 cases within ten minutes; in 14 within fifteen minutes; in 11 within twenty minutes: and within a half hour sixteen.

When due attention has not been paid the interval will be longer: but from the above data we may conclude from the highest authorities, that in natural labor the placenta ought to be expelled within an hour or an hour and a half, and that when the interval exceeds this, the case fairly comes under "retained placenta"

When this interval whatever it may be, has elapsed, the uterus by its contractions, becomes less sensible, and by pressure on the pulsations between the placenta and uterus is secured, the more readily effusion of blood into the vagina, and, by the contraction of the

canal is expelled, with a gush of blood or clots. The bag of membranes is usually turned inside out, especially if the attitude has been extended by pulling the cord, and the laceration of the perforation in the membranes through which the child passed, will enable us to estimate the distance of the placenta from the os uteri; the distance of the perforation from the placenta being exactly the same as the distance of the latter from the os uteri.

In the management of natural labor there is air enough, but little for the accoucheur to do, if the case be natural and the circumstances favorable, and very little that he needs, except patience and gentleness, and therefore the old practice of carrying certain instruments and certain medicines about is strongly to be deprecated. All the surgical operations needed are, an elastic gum catheter, a knife, and a little Tinct. Opii. He ought also to be provided with a few strong pins and some ligatures of twine &c. When summoned to a patient our first object is to ascertain her present state, whether in labor or not, and if she be, the presentation and position

of the child, the rate of progress and probable termination of the labor, preliminary to the examination the patient should be upon her left side, with the hips near to the edge of the bed, and the knees drawn up towards the abdomen. The forefinger of the right hand having been well oiled or soaped, should be passed along the perineum, and into the vaginal orifice; it is then to be directed upwards and backwards towards the promontory of the sacrum, until the os uteri or the presenting part be found. Having done this we shall be able to estimate the calibre, heat, and moisture of the vagina, the dilatability of the os, the relaxed and normal condition of the cervix as well as the actual distance of the bag of waters or the fœtal head during a pain. If the membranes be certain we experienced fingers will in most cases detect the presentation; if they have given away, this will be the more easy and certain; and if it be the head, by feeling the fontanelle and comparing their situation with certain parts of the pelvis the position may be determined. We will now suppose that the conclusion from the investigation is

favorable, that the patient is in good health, is in labor, that the waters present, and that she is making sufficient rapid progress, with every prospect of a safe termination. It is not necessary during the first stage, that the accoucheur should stay in the room with the patient, nor even in the house, if the progress be slow. But before leaving her he should ascertain that is right in everything in readiness and must give suitable instructions to the nurse to make the bed. Towards the end of the first stage it is customary for the nurse to make the "bed" which is done by placing a square of oiled silk over a mattress to protect it, over this is placed a blanket and sheet, and upon these, two or three sheets folded square on which the patient is to be placed. Soon after the second stage of labor is set in, the patient especially if she has borne children before should undress and go to bed the patient being placed upon the left side, the hips being close to the edge of the bed, and the knees drawn up towards the abdomen. It is usual to place a pillow between the knees to keep them apart, the patients weight does should be drawn up in a suitable box, bagged the hips to escape pinching and she may be allowed to grasp the bed post or what is

with the hand of an assistant. In most cases the first
membrane escapes about the beginning of the second stage
but occasionally, when the membranes are unusually
tough, they remain entire until the head has descended
to the vulva, or even but more rarely, until it has passed
through the os externum. When the head is on the floor
of the pelvis, the accoucheur should take his place
at the side of the bed and examine gently during
each pain, for the purpose of deciding when it is
necessary to support the perineum. When the peri-
neum is fully distended and protruded the
should cover the left hand with a clean pin and
apply it across the perineum, commencing at the
coccyx and reaching to the anterior edge, the support
should be moderate, equable, and intermittent
coccyx than towards the anterior edge: it should not be applied
until the perineum protrudes; and then should be continued
during each pain. As the head passes through the
vaginal orifice the accoucheur should receive it in his
right hand allowing it to make the necessary turn,
and carrying it forwards as the pain expels the shoulders
and body of the child. If the child be healthy, and have
not suffered from pressure it will cry as soon as it is born,

and when respiration is established it may be separated from its mother, rolled in flannel, and removed, the accoucheur should then place his hand on the abdomen of the mother, for the purpose of ascertaining whether the uterus is contracted or not. If the uterus be not contracted, the placenta will generally be found in the vagina; as soon as it has descended sufficient low to fill the cavity of the cut, he may withdraw it by the traction in the axis of the vagina. The pudendum should gently attended to; after which the binder should be applied, extending from the pubis to the ensiform cartilage. The cut-sheet should now be removed and the patient warmly covered to prevent chilling. The child should be put to the breast as soon as the mother is sufficiently rested. It is not only useful to the child by supplying it with nutritious secretion which is a laxative, but it is also beneficial to the mother inasmuch as it assists contraction of the uterus and prevent hemorrhage. The lochia is the name given to the discharge the puerperium after labor is completed. It consists of serum, the blood, but it finally loses its fibrin, pus and red globules in consequence of the contraction of

the uterus and becomes a growth that. Therefore the orifices of the uterine vessels on the surface in which the placenta was attached will disappear as these become compressed by the uterine contractions and finally disappears after a lapse of some two, three, or four weeks.

An
Inaugural Dissertation
On
The Essential Nature of Inflammation
Submitted for Examination
To the
Provost, Regents and Faculty
Of Medicine
Of the
University of Maryland
For the Degree
Of Doctor of Medicine
By
Wm. E. Delashmutt
Of Maryland

In selecting a subject for my essay I have selected one, with which the Physician has to contend oftener than any other malady in the whole practice of physic, being it, or its results, more or less in every subject, and occurring at every period of life. Inflammation - from inflammo, to burn, was used in early ages of medicine, to denote the nature of certain changes, although improperly applied, has yet been employed in all ages as a short, and significant expression for a combination and succession of phenomena which perhaps are the most frequent and important of any with which the Physician or Surgeon is acquainted, and are accompanying almost every mechanical injury on the living body, and frequently caused by most of the various agents, which are known by the

name of Poison.

The marks which distinguish this diseased state in any part of the human body, are those employed in the time of Celsus. They are those of pain, swelling, heat and redness combined in any one part of the body. It is necessary if we wish to give the right notion of inflammation as a local change of the condition of any part of the body, to include in it, beside pain, swelling, heat and redness, the effusion from the blood vessels of some new products, and assuming either the form of coagulable lymph or of pus. Although there may be inflammation of so slight intensity that these three concomitants will not be observed. But where this is the case, would it not be better never to apply the term inflammation, and it is said that a peculiar perversion

of nutrition, or of secretion, is essential to the very existence of inflammation. If so, we cannot with propriety call it inflammation, when none of its phenomena are present.

The local changes observed on the application of a stimulus, to any part of the body, so as to excite inflammation, especially if it extend a large surface as alcohol applied to a membrane. The vessels of the part are observed to be in a constricted state, and an accelerated flow of blood through them has been distinctly seen by various observers. This state is not of long duration, and during it the characteristic marks of inflammation are not seen, but after a time varying from a few minutes to some hours, the normal condition of the small blood vessels is observed. They are now enlarged and distended

the movement in them slower than before; there is often absolute stagnation for a time, and often oscillation in parts of them, the globules of blood they contain are found to coalesce into irregular masses in which they lose their individual forms. This is mostly seen in those parts in which the redness and swelling are the most intense, many small vessels are distinct which were not previously seen. This is thought to be caused by the admission of globules of blood into vessels which previously carried only clear or colourless liquid: Kattenbrunn and others have said that they distinctly observed the formation of new vessels. and it has been observed that the amount of blood returned by the veins of the inflamed part, when the inflammation was supposed to be three or four times greater than the corresponding side,

within the same time.

In short the characteristic effusion of inflammation is observed to be. The surrounding textures are filled with a serous fluid; But slowly this fluid changes, which indicate that other constituents of the blood have exuded from the vessels, and soon assumes more or less solidly the form of purulent matter.

Of the essential nature of inflammation, it has been generally thought and taught since the time of Hunter and Cullen, that the morbid changes which characterize inflammation must depend on alteration of the vital powers of the body, and it has not been satisfactorily explained, on mechanical or chemical principals or by any combination of the two, up to the present time.

Magendie has attributed the whole phenomena of inflammation to the consequences of the relaxation of the

capillaries, and arrest of the circulation at a certain spot, with distention of the small vessels in the vicinity. If this were a sufficient cause of inflammation, why is it, we do not have inflammation in every case so obstructed, that is, where a vessel is tied so as to cause unusual distention, not only of the large vessels communicating with it. But the small capillaries into which they divide. It may perhaps be said, that the obstruction of the capillaries themselves, only can thus derange the capillary circulation. But is there not often obstruction of the capillaries without inflammation, when it does occur from obstruction of the capillaries, its extent and intensity bears no proportion to the amount of obstruction.

Magendie contends that the proof of a pure cyclitis, inflammation, only, when it causes effusion of blood. But how

often is seen effusion of blood in the bulbar conjunctiva of the eye, without producing inflammatory action, it being gradually absorbed. On the other hand the prick of a needle, causing little or no effusion of blood, or a grain of sand producing none, will sometimes excite such violent inflammation, which certainly does not depend on the original obstruction of the capillary circulation.

But it appears from the experiments of Magendie himself, as well as others, that death of the part may be caused by obstruction of the circulation in the capillaries, without necessarily producing inflammation. Again instances are given of inflammation of the blood vessels, where there can be no obstruction. There are two facts which are beyond the reach of mechanical explanation. These are the double current of blood which pass through an inflamed

part in a given time, and the extension of the inflammation from one membrane to another lying contiguous to it, but supplied by another set of vessels.

If it were even true, that the principal symptoms of inflammation are only the mechanical results of obstruction of the capillaries, we could not then deny the intervention of the vital properties on the part, unless the obstruction of the capillary circulation could be explained on mechanical principles. But how could the mechanical action of a grain of sand, or a minute particle of general matter, on the conjunctiva of the eye, so obstruct the capillaries, as to produce all the congestion and effusion that are seen in acute opthalmia, while it produces no such effect on other parts, as the mouth, or alimentary canal, and how is it, that cold applied externally should

on mechanical principles permanently affect some internal organ, by obstruction of the capillaries.

If we have surmounted these difficulties it still remains to be shown, how the obstruction of circulation in the capillaries on mechanical principles can produce the most characteristic of the phenomena of inflammation, that is the effusion from the blood vessels not only of serum as in dropsy, but of the liquor sanguinis, holding in solution a greater amount of fibrin than in other parts of the body, and how the properties of the whole blood can become altered simply by passing through the inflamed part.

Again after a certain length of time we see the globules of blood assuming their individual forms, and gradually separating and getting in motion, and the distended capillaries divid la-

their former dimensions. But why this takes place we will not attempt to prove.

The next question to be answered is whether the characteristic phenomena of inflammation, can be explained by changes of the vital powers of the vessels, or whether they must be chiefly attributed to changes of other powers influencing the condition and motion of the blood in the living body, and independent of any contractions of the solids.

In attempting to answer this question we can first say that if inflammation depends upon changes of the vital power of contracting solids. These solids must necessarily be the vessels, to the exclusion of the heart. as all the characteristic phenomena of inflammation after death, while the the hearts action remains unchanged

And as the only vital power that has been allowed the vessels is tonicity, it causes them to contract when emptied of blood, and continue so for life. As shown by contracting when a stimulus is applied, and remains so until the effect of the stimulus is over or the effect of that stimulus be counteracted.

And it is evidently plain enough that an increased exertion of this kind or power in the arteries, more particularly if commencing in the capillaries and extending backwards, must impede and obstruct the circulation. Illustrat.

But as has been stated that one of the principal phenomena of inflammation is an increased amount of blood in the vessels, also an increased amount transmitted through them in a given time.

Therefore it is to be presumed that the condition of the vessels must be the

reverse of that of permanent contraction, which a stimulus produces on living arteries.

It has been long known that the appearances of the capillaries and small arteries are those of distention, with a motionless state of the blood.

It may then be questioned, whether this relaxed and distended condition of all the vessels of an inflamed part may or may not be caused by an augmented exercise of their tone power of contraction, from the beginning of the diseased state. As for this we need not trouble ourselves; long ago, as all that is necessary to know. It is that while inflammation and effusion are going on it is not the condition of the vessels leading to and through the part inflamed, is not that of contradistinction of relaxation; and then the pulse is brought down to this. Does that

state of relaxation afford a sufficient explanation of the alterations, which take place in inflamed parts.

If it be granted that a relaxation of the arteries and capillaries in any part of the body, causes an increased transmission of blood through the vessels of that part, it seems strange that the causes thus assigned should embrace the opposite phenomena which are presented by the blood in the vessels of an inflamed part, viz. the increased velocity, and increased transmission of blood in the vessels, the retardation, or absolute stagnation, in the part where the inflammation is the highest. On the presumption that the blood is only propelled by the heart, and that augmented local transmission is only caused by a diminution of the resistance of the vessels, it is evident, that where this resistance

is much diminished. The blood should pass through in increased quantities. But cannot understand why it is that where the vessels are absolutely passive, we should have the same effect, as the blood could pass through at all. It seems very strange that the heart's action should be so much increased by a diminution of the tonic power of contraction of a set of vessels, and should be so inefficient when that same power is carried a little further. Then if we cannot ascribe the changes of motion of the blood to the contractile power of the vessels, we can only by presumption ascribe the other essential changes of inflammation to that cause. There are two distinct effect changes which are said to be caused by inflammation. There are the [illegible] of vessels, and ulceration and destruction of tissues.

we could easily understand this, if we were to suppose that the only moving power of the blood, was the impulse from the heart. Then if there be obstruction of the capillaries, with a greater impulse from the heart than natural, extravasation should take place. If that impulse be less than natural, there should be unwanted absorption. But this theory will not stand good in the opposite phenomena, as inflammatory extravasation, when the impulse is weaker than natural, and when that impulse is greater than natural, rapid ulceration. And from this it is evident that neither the amount of effusion nor of absorption, bears any fixed relation to the degree of impulse with which the blood is propelled through the organs of life.

And we must from ascertained facts believe that inflammation is not to be

explained, by the alterations of the contractile power of the living solids concerned in it. But by an alteration of vital properties in which the constitution of the blood, and the movement of it, through the surrounding textures are determined, and which are quite different from any contractions of the solids.

Inflammation is in fact only one of a number of cases of constant occurrence in the animal economy where some peculiar excite is applied to the capillary vessels of one part of the body, and determines an increased transmission of blood through the part, also an increased flow towards it, producing an opposite effect to that produced by the application of a stimulant to a vessel.

When air is taken into the air cells of the lungs, and food is received into

the stomach, when the embryo begins to grow in the uterus, where these causes make an impression, that this increased flow of blood takes place in the capillary vessels. But it is impossible to ascribe to these stimuli that causes this increased action of the part, any power of exciting local contraction, the only vital power which the blood vessels of the part possess.

On the contrary we might with more propriety ascribe the determination of the blood to the part, to the impressions made on the extremities of the capillaries, causing them to relax, giving increased effect to the impulse from the heart.

But this theory is soon pulled down by two considerations. First, that a stimulus such as is applied to any vessels, causes contraction and would necessarily impede the

transmission of blood, instead of promoting it. Secondly we find similar movements excited by similar impressions in the lowest animals, and also in the vegetable kingdom, where there is no heart.
And from these facts it is certainly evident that the flow of blood through the vessels, is on the principle of vital attraction, not of relaxation of them.
But what that vital attraction is, I shall not have the presumption to attempt to describe, when others who have devoted their whole lives, to researches of a similar nature, without being able to throw any light upon this subject.
Again men who hold high rank as authors of medical works have failed for months and years endeavoring to throw some light upon the mysterious nature of inflammation and with but little success, and shall I who have just begun to learn the rudiments

of the great science, attempt to prove what that vital attraction is.
We know that the circulating fluids of plants is not forced through them by the impulse of a heart and still we find that fluid in every part of the plant as the extremities of every twig, and leaf, and we would naturally conclude that there is an attraction which causes that fluid to rise to the extremities of the plant. Then if we know that there is such a thing as vital attraction, it is all that is necessary for practical purposes.

A Report

Of Twenty Three Surgical Clinics.

Submitted as an

Inaugural Dissertation,

To the consideration, of the

Provost, Regents and Faculty,

Of the University of Maryland,

For the degree

of

Doctor of Medicine,

by

Joseph J. Connell

of Maryland.

1854.

1st Clinic Saturday October 15th 1853.

1st Case. "Operation for Hydrocele".

An Dutchman, who had been operated upon, three times before by injection, without producing a sufficient amount of Inflammation to effect a coalescence of the two surfaces of the Tunica Vaginalis Testis, with a consequent return of the tumor: In the operation of to day the trocar was employed & introduced in the following manner. The trocar was thrust into the sac, the stylet withdrawn, and the fluid allowed to escape through the Canula; — then, before withdrawing the Canula, the tent attached to the end of a probe was introduced through it which was seized with the forceps of the left hand and retained in the position in which the Canula was withdrawn.

Extract from Prof Smith's Lecture &c.

Explained the nature of the tunica vaginalis testis, a serous membrane investing the testis; the testis is not contained in its cavity, but covered in by the outer surface of the shut sac itself so that it is not in contact with membrane on its outside and between these the water is collected. The collection of water or serum is most frequently occasioned by a subacute Inflammation of the

membrane arising from a variety of causes. Explains the difference between Sub-acute and acute Inflam. of this membrane which is principally to be found in the difference of the products of the Inflammation — in the Sub-acute variety you have Serum poured out, in the Acute — Lymph. The object of the operation for the radical Cure, is to produce a sufficient degree of acute Inflammation for the effusion of much Lymph, to unite the two surfaces of the sac, and obliterate the Cavity. There are 2 principal operations for this, viz. that by the tent, and a second by stimulating injection. The operation by the tent should only be employed, when gentler means have failed. When the tent is [illegible] -ed, it never fails to [illegible] the requisite degree of Inflammation, but sometimes it goes beyond this and too much Inflammation with troublesome suppuration is the result. He dwells upon the circumstances which distinguish Hydrocele from other affections, particularly Hernia. The principal of these are that Hydrocele [illegible] first in the testicle and not in the groin; — the tumor of Hydrocele is likewise [illegible] [illegible] [illegible] it [illegible] [illegible] [illegible] [illegible] [illegible]

an hour glass constriction. The tumor of Hydrocele is not heavy as that of Hernia. When the sac is tense with the effused fluid, you can feel its elasticity, it vibrates under the touch, and when it is only partially filled you can distinguish fluctuation. The condition of the cord at the neck is likewise different. In Hernia you have frequently a cough, in Hydrocele you do not. Transillumination can likewise throw light upon the nature of the tumor by discovering whether the swelling begins in the testicle, about the neck of the sac, or in the neighborhood of the abdominal ring. The translucency of the tumor in Hydrocele is also an important circumstance but not an infallible sign, for the fluid in the sac may be dark and turbid, and in Hematocele the light is not transmitted. This case is one of peculiar interest inasmuch as the man has Hernia as well as Hydrocele. In such cases it is necessary to be exceedingly careful in operating. The principal danger of the operation by the Alcoholic injection is that in case of forcing it into the sac, they are sometimes injected into the cellular tissue of the scrotum producing

struggling and leaving the testicle entirely denuded.

"Hydrocele of the Neck."

2nd Case. This was a case of Hydrocele of the Neck, occurring in a colored woman. He had operated upon her once before, but having made use of no means to guard against a return of the water into the sac, it has been again filled and the tumor is now as large as ever. Struck the trocar into the lower edge of the tumor and withdrawing the stylet, allowed the contents to escape through the canula. They consisted of about a pint of fluid, of the body temperature. The Professor then secured the canula in the wound by strips of adhesive plaster, and directed that it should be allowed to remain until he should see her again.

Remarks.

In this case the tumor in Hydrocele was quite diminished yet it was really due to a collection of fluid in a cystic sac, probably infiltrated, that the tumor situated in the neck. After the fluid was discharged there was no swelling remaining. But the case is not to be considered, it will therefore need to be

made to collapse and adhere, otherwise the water will be again secreted as after the first operation, in which no means can be taken to prevent it. There are other tumors which form about the neck differing from this in their contents. The term Cyst, is usually applied to all the tumors whether they contain water or substances of greater consistence. Properly, however, the term Cyst is only applicable to those encysted tumors, where the contents are matter not organized — the Sac-cumulous tumor being that in which the contents of the cyst consist of a fleshy mass.

Second Clinic Wednesday Oct. 19th 1853

1st Case. The Negro woman operated upon at the last Clinic, was exhibited to the Class to day. The Canula which was allowed to remain in the neck, was kept in its position by the adhesive strips for more than 24 hours, when it slipped out in a fit of vomiting. It remained, however, long enough to draw off whatever water was secreted, the requisite degree of inflammation was excited to ensure the adhesion of the opposing surfaces of the Sac. Nothing

can now be if is but a mere [illegible] of [illegible] [illegible].
The woman was dismissed with the assurance, that in a few days, she might leave the house, permanently cured.

Operation for Phymosis.

The Patient was brought before the Class, consisted of a Sailor with Phymosis, the result of venereal disease for which it was necessary to perform an operation, adhesions having taken place between the prepuce & glans penis. A director was introduced under the prepuce & from the upper part of the glans, as the prepuce was [illegible] by the point of an instrument pressing above the Corona Glandis, was slit out from behind forwards. One suture was placed on each side of the wound, the wound itself filled with lint, a small bandage was [illegible] in such a manner as not to interfere with the patient's passing his urine. The adhesions were cut away after the slit had been made. They were found to be principally in the neighbourhood of the frenum. There was a little venous hæmorrhage —

Second Clinic Wednesday October 19th 1853

Remarks upon the preceding case.

Spoke of the difference between Phimosis & Paraphimosis. The latter more frequently demands an operation than the former, in consequence of the inferior constriction which it sometimes exerts. Generally, however, it may be reduced without having recourse to the knife, thus; Bathe the Penis in cold water, keeping it elevated so as to allow the blood to recede from the neighbourhood of the Glans, then using the forefinger with the fingers of one hand, the Glans may be pressed backwards, and the Skin at the same time drawn forward so as to envelope it. In the case for Phimosis, he prefers making the incision alone, in preference to that sometimes practised with scissors of the frenum for the reason, that it is a very much easier & safer. When the latter operation is rarely performed without injuring some little arteries which bleed very [illegible] [illegible]

Second Clinic Wednesday October 19th 1853

Talipes Varus.

The 2nd Case shown to the Class to day was one of this disease, for which Dr. B. B. Smith has performed Stromeyer's operation of dividing the Tendo Achillis. An appropriate shoe has been adapted to the foot which is gradually recovering its natural shape.

Remarks.

"The object of the very small incision, which is made in performing this operation, is to facilitate the speedy healing of the wound. Sometimes an artery is cut blood effused beneath from which troublesome sloughs result. The continuity of the tendon is restored by a cicatrix which during its formation and contraction is kept so stretched as to obviate all deformity.

Disorganization of the Eye by a blow.

The 3rd Case exhibited was that of a man with his left eye completely disorganized by a blow, the sight of the other eye having been previously destroyed by accident. The unfortunate creature presented with the melancholy assurance that he was

was beyond the aid of medical Skill.

Remarks.

In speaking of the manner in which the eye may sometimes by a very slight blow, be disorganized he compared it to an egg, the validity of which is conceivable, may be destroyed by a sudden shake rupturing its delicate membranes. In the course of his remarks, the Professor alluded to the case of a young lady who had the lens of her eye displaced by the sudden throwing back of the branch of a tree, pressed forward by someone walking in front of her. The lens thrown into the anterior chamber was then, with mercurial treatment by himself, in a manner absorbed in the same manner as the particles after the operation for the Cataract.

Operation for Hemorrhoids by Ligature.

1st Case. In this case there were two tumors of hemorrhoidal tumors, proceeding from the anus, in size of the anus. Varying from [illegible] the [illegible] of an [illegible] hand by an assistant, he dissected [illegible]

bundles separately, tying them firmly [illegible] the ligatures to sink in deeply. The stumps were painted with Nitric Acid, and the ligatures left in.

Clinics.

"Hemorrhoidal tumors are of various kinds, the first of which are the internal, and the external or blind piles. You may ask me why I do not cut them off. Because it is an unnecessary painful operation & not to be undertaken except in cases of extreme necessity, the hemorrhage frequently [illegible] the ligatures are usually [illegible] in 24 hours.

"Operation for incomplete anal fistula in Ans."

5th Case. This was the case of a colored woman who had a large abscess, discharging externally, by several small orifices at the side of the anus, the operation which with the probe discovered no communication with the bowel. It was accordingly laid open by several gun incisions following the course of the sinuses and discharged a large quantity of fetid pus.

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The wounds were then filled with oiled lint.

Remarks

Illustrated by a diagram the three different kinds of fistulæ in ano viz. the complete, the incomplete external, and the incomplete internal. The operation does not destroy the function of the severed sphincter. Care must be taken not to allow the wound to heal by the first intention but to granulate from the bottom which is the object to be attained by filling the wound with lint.

Third Clinic Saturday Oct. 22nd 1853.

Operation for Strabismus.

1st Case. A boy was brought in suffering with marked Strabismus of the right eye. After removing the upper and lower lids so as to prevent their closing during the operation, the Professor raised the conjunctiva with a delicate pair of forceps and cleanly divided it with the scissors. Then seized the tendon of the internal rectus muscle with a tenaculum and divided it with the scissors. The eye, however, not returning to its natural position,

he made a further examination; and discovered that some fibres of the muscle were still unimpaired, having escaped which, the eye began gradually, and not extraordinarily, and when to see from the time a few months afterwards had lost much of the deformity.

Remarks.

"Internal Strabismus, is the most common deformity resulting from a preternatural contraction of the muscles of the eye. The contraction is due to nervous influence. Singular to say if you cover the unimpaired eye with the hand, the deformed eye will immediately assume its proper direction. In reading, it is, it is proper and necessary to remember, that the tendon of the muscle, is inserted into the globe of the eye, very near to the margin of the cornea. Strabismus is rarely confined to one eye although it often does so. It would seem that the internal rectus muscle would from fibres of organic being, rather than the rule. This is not the case however, and it is necessary for

two circumstances. 1st The superior oblique muscle, conjointly performs the duty of the second one, — 2nd The posterior part of the divided tendon, is still bound down to the globe by cellular tissue, which enables that part of the muscle in contracting to twist the eye inwards. It is important to remember this circumstance in operating, for if you do not divide this cellular tissue, you will have external squinting as the result. The accident happened once in the practice of the Professor, with the unfortunate result, that the ensuing external strabismus was a greater deformity, than the original for which he operated. The subsequent treatment consists in bandaging the uninjured eye, so as to allow of exercise to the one upon which the operation has been performed.

Gun Shot wound.

2nd case. A boy was exhibited to the Class, who had had a load of shot passed through his hand by the accidental discharge of a gun, the hand being firmly held to the muzzle at the time of the discharge

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Amputation had been advised before his Entrance into the Infirmary, but [illegible] not come into effect. He was now convalescing rapidly with the loss of all the fingers of the hand except one.

Remarks

If the accident had happened to the foot, a Syme's amputation would probably have been preferred for, in the case of a hand any part of it that can be saved is of so much importance that we ought to do [illegible] amputation as the very last extremity.

2nd Case. Exhibited the Pathology of Aneurism for Hydrocele on the 18th Dissection [illegible] The Sac was opened and [illegible] and [illegible] the Contents of from [illegible] in his Thigh.

Remarks

We have now accomplished in this case [illegible] that we wanted, that is, sufficient Inflammation to cause the necessary adhesions. In introducing the Trocar it is necessary in the first place to pass the instrument very sharply, otherwise it will press the integ=

mmed before it, and there is danger in such cases of wounding the testicle. The incision must be made with a quick stroke, first directly inwards and then passing upwards. The pain in the loins of which this man complains, is very common after the operation and is due to irritation propagated along the cord

Cases of the Carpal Bones.

1st Case. A colored man who had received an injury of his hand but not sufficient to prevent his working. After exposure to cold, his wrist swelled and he entered at the Infirmary some time after with pus discharging by several orifices from the back part of the joint.

Remarks.

This is a case of Suppurative Inflammation of the articulation of the hand and wrist. It is the same condition that is found in white swelling of the knee joint. The essential element of this is inflammation & ulceration of the cartilages (perhaps of the difference between these and caries) If the incisions had been made early

in the disease the result would have been different. and incisions were made when he entered here (by Dr. B.B.S) will much relief to the patient. Do not the place the boy upon the Sequestrum of the Sod. of Dr. Gill XV to die, and place a Splint upon each side of the hand so as to avoid every motion of the first.

Fourth Clinic Wednesday Oct. 26 1853.

Disease of the Spine.

1st Case. A negro boy was carried in with disease of the Spinal Column. The curvature, which was very remarkable, was situated in the upper part of the Dorsal region, the convexity looking backwards, immediately beneath the diseased part, there was a curve presenting its concavity backwards, which was not the result of disease but compensation to the first curve, and the result of a natural habit. There was no evidence of any paralysis, his bowels were regular and he complained of no pain anywhere except in the seat of disease and there only when he was pressed upon. It is to be

been best [illegible], upon which [illegible] with a [illegible] to have remaining dress and to take Syp. Iod. Ferri [illegible] two drops for dose.

Remarks.

We remarked that it was a scrofulous disease of the spine and the parts about it. Sometimes the disease results in abscess, which appears opening on the thigh, coming out under Poupart's ligament. This happened once in a case treated by the Professor in which a part of one of the vertebræ was sticking from the opening of the abscess for the thigh. This circumstance which is very adverse to the cure in the present case, as the diathesis which must first be corrected, before any great relief of all means can be hoped for. But here we have it differently presented in the very beginning. Attention to the Diathesis, seems inconsistent with the treatment of local affection for reasons in the first case which is so required for the constitutional disease. I would only aggravate the local disease. Diet and [illegible] of wholesome air and Exercise, is frequently

the principal cause of the manifestation of the Scrofulous diathesis. The lodging of the spine in the vertebrae, of mechanical causes, the incumbent weight of the body causing it to bend and thus aggravating the disease which produces the distortion. We must treat the Scrofula in some manner connected with the patients being kept in the recumbent posture. Without keeping him in this position, all appliances of whatsoever kind, are of no avail whatever. In the case of restless children it is necessary to confine them by straps, and to use other means to accomplish this object, which is of such paramount importance that we can hope for no good results without it. When the disease occurs in children, a bed ought to be made for them of such form, as to fit conveniently into a portable box which may be placed upon the wheels of a little waggon, such as are used by children, and thus be wheeled about in the chariot, without any change in the recumbent position recommended. The spine should be rubbed over with the open hand twice a day

or in cases in which it is admissible, it might be fringed over with water, to which a little salt and Iodine have been previously added. In addition to this, general tonic treatment should be employed. The preparations of Iron and Quinine are useful. The Syrup of Iod. Iron, probably the best. The hospital of Paris also an excellent tonic which has been used in these cases with the most beneficial result. Iodide Sarsaparilla, which is a combination of the Iodide of Potash and Iron with Sarsaparilla, is another pleasant preparation, employed with benefit. Well then it is proper that the patient should have a generous, wholesome diet. So as regards the local treatment. The boy's back is marked in different places with the cicatrices of issues. It is probable therefore that all the benefit they are capable of accomplishing, has been produced by them. Issues, in the treatment of this disease, are in the case of very strong patients, to have been used entirely. Perhaps they would be worse than useless in this case, as the patient is the reverse of strong

and they have exercise an injurious, exhausting influence. Blisters are sometimes useful, when they are not kept on too long.

Case. Fracture of the Femur.

A man brought in suffering from fracture of the femur which had occurred the same morning by being caught between the wheels of two carts. There was an oblique fracture of the [illegible] the foot inclined outwards on the fractured side with pain, at even the slightest motion of the limb. The required traction was made by [illegible] to their proper apposition and the limb snugly adjusted in the Professor's apparatus.

Remarks.

Bones are exposed to the danger of fracture in proportion to their length, and the femur being the longest bone in the body, is consequently very liable to the accident. In treating fractures of this kind, it is just as important to support the foot as the thigh. (Exhibited a femur distorted by

a fracture improperly treated, the bone being twisted out at its lower half after the union, just as this man's leg was before its adjustment in the apparatus). The setting of the thigh is not the difficulty, but the keeping it set is the unfavorable point. Shortening greater or less in extent, is generally found after the best and most careful treatment, and of course it is much greater when improperly managed. I am sure I do not exaggerate when I say that there is no department of surgery so important for you to understand as that which relates to fractures. There is certainly none in which you will be more frequently called upon to act, and none in which you will be so apt to lose a reputation, if through ignorance, a limb should remain after your treatment distorted. The limb is now snugly adjusted in the apparatus; it feels easy to every feeling and the patient who was bellowing with pain a moment ago, now asserts that he feels no pain at all. When he is returned to the ward, the limb will be suspended in such a manner, as that each motion of the body

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will bring with it a corresponding motion of the injured limb. The cord which suspends it, must be attached obliquely, and the point of attachment below should be near the centre of gravity of the leg. One such attachment is sufficient — many, are injurious

Fifth Clinic Saturday October 29th 1853.

Case 1st Abscess, at the Knee

A man was brought in with a swelling over the Knee joint, the result, as he states, of cold. The swelling has been coming on for about four weeks. Had consulted a physician before coming in, who had made a puncture with a lancet without trocar, liberating any pus, and had sent him to the House in the opinion that the joint had penetrated the cavity of the Knee joint. The Professor after having heard the history of the case, and feels the parts expressed his belief that there was a collection of pus beneath the deep fascia of the leg, and accordingly

made a free deep incision upon the outside and internal part of the thigh, about three inches above the patella, from which several ounces of pus at once burst forth. Ordered to apply an inflated bandage above and below the joint, and to keep the parts moist with a solution of Acetate of Lead.

Remarks.

There is scarcely sufficient constitutional irritation present here, to point to the complication of the knee joint in the disease. Are we safe in making a free incision here? Yes, for there are no important blood vessels upon this surface of the leg, and moreover this portion of the thigh bone is more exposed than any other, and is therefore the part selected for trephining. When there is matter in the substance of the bone itself. After making the incision he pressed upon the surface of the joint without affecting the flow of pus from the thigh, and this he remarked was another evidence that the pus had not penetrated the joint). Remark. I do not assert positively that the joint is well-

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-ected, but the circumstances which I have mentioned are opposed to such a conclusion.

Case 2nd "Urinary Cyst."

A boy about two years of age was brought into the theatre for examination. It was agreed by Professor and those who had examined him previously to his entrance into the house, that he was suffering from stone in the bladder, and he was accordingly placed at the Infirmary to be operated upon for the extraction of the calculus. On examination a large tumor was found in the perineum just behind the scrotum. The sound was introduced into the urethra, but could not be passed into the bladder. The abscess was then opened and several ounces of urine discharged. The Professor introduced his finger into the wound and drew out several particles of stone. On passing the sound a second time into the urethra, its point emerged from the wound. Within the wound with a sponge tent retained by a T bandage

and postponed further examination to some future day.

Remarks.

The tumor upon this child's perineum is probably caused the suspicion that he had stone in the bladder. Upon passing my finger into the rectum, I can distinctly feel the bladder, but I can discover no indications of a calculus being present. It is probably the result of an injury to the urethra, causing an impediment to the flow of urine.

Case 3rd "Cancer of Tongue from use of Tobacco."

A negro woman aged 50 brought in with an ulcer upon the side of her tongue opposite the first molar tooth. The ulcer was ragged upon its surface & edges; with an indurated base. Commenced last July, has "stinging" pains in the ear and along the affected side of the face; cervical glands somewhat enlarged. Has enjoyed previous good health, bore children, the youngest of

Fifth Clinic Saturday October 29th 1853

which is now less than a year old; feels well in all other respects. Is in the habit of smoking excessively, using for that purpose a clay pipe with a short stem, and always holds it upon that side of the mouth on which the sore has appeared. To touch the ulcer with Nitric Acid.

Remarks.

Almost all the cases of cancer of the mouth that have come under my observation, have resulted from the use of Tobacco. I referred to a case of a gentleman who had not been in the habit of smoking, but who commenced it in the course of the Cholera in the City, by the advice of some one who told him that it was a prophylactic against the Epidemic. Having [illegible] became excessively habituated to the use of the pipe. He then became [illegible] but he still continued to smoke. Cancer was the result. A similar case from the use of tobacco in snuff form, using by chewing, was alluded to, in which the patient was accustomed to press the tobacco

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under his tongue, when eating and drinking; and again bring it out when he had finished. Cancer ensued from which he died.) There is no question of the case before us being one of cancer. Can local causes produce this disease in a constitution in which there is no predisposition to it? It is my belief that long continued irritation will generate it. (In proof of this, referred to the case of chimney sweeps, who are the subjects of it more frequently ~~the [illegible] of it~~ than any other class of the community, and yet it would not be proper to suppose that all of them who are thus attacked are predisposed to it.) We will subject the matter from this relation to the microscope although I have little confidence in the instrument as a test for cancer".

Sixth Clinic, Wednesday Nov. 2nd 1853.

1st Case. "Ununited fracture."

A man was exhibited to the class, who had entered the Infirmary, to be treated for an ununited fracture of the Humerus. The arm was fractured about the middle of the bone, August 25th last, i.e. more than 2 months ago. It has been bound up in very short splints, the longest of which did not reach to a point within two inches of the extremities of the bone when adjusted. There is no union whatever, the lower fragment falling helplessly, at a right angle to the upper, when the latter is raised. Treatment. Rubbed the two offending ends of the fractured bone forcibly together until distinct crepitation was produced, bandaged the arm from the hand to the shoulder, applied a neatly fitting starched apparatus to the front placed a bandage round the body, & bound the whole to the side of the body.

Remarks.

There is no form of fracture more easily recognized than that of the Humerus, and none in which

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the unfortunate results of improper treatment are more frequently seen. I have treated many cases precisely similar to the condition at present presented by this man, and some of them too have come from the hands of eminent surgeons. Now the fracture is in the centre of the bone, where it is most easily treated, and where proper union under ordinary good management never fails to take place, except under some peculiarity of the constitution or defective action on the part of nature. But here no such causes as these have had any influence – the man is otherwise in good health. Well, what has been the cause of this unhappy result? Sometimes, an aponeurosis or a portion of muscle will insert itself between the two fractured ends, and thus prevent union, but this could only happen under very bad management. Union, indeed, will sometimes take place under the most unfavorable circumstances, as is frequently seen in the case of animals whose limbs have been broken. In this case, the reason of the want of union is sufficiently manifest: and a

undoubtedly was caused by the use of these short splints. The fore arm was not supported by them, neither was the upper part of the arm, for to do this it would be necessary that the splints should extend below the elbow joint on the one hand and to the acromion process on the other, — and these miserable fragments of a segar box do neither. The object of nature having been defeated, the healthy excitement which was to have brought about union has subsided. We must rearouse this, which is the object to be accomplished in rubbing the extremities together. In the apparatus which I have now adapted to the arm, you perceive that every part is properly supported and the whole adjusted in such a manner that no possible motion can take place between the fractured ends. The fore arm, you see was oedematous. This resulted from the fact, that that part of the arm was unsupported by any bandage. We have every reason to hope for a favorable result in this mean case.

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2nd Case. Child with urinary cyst, operated upon at the last Clinic, (See 5th Clinic 2nd Case) brought in again to-day. A catheter was introduced through the spongy portion of the urethra, and with some difficulty, the orifice of upon the opposite side of the opened cyst was discovered, and the instrument passed into the bladder. The catheter was permitted to remain in, and secured in its position by strips of adhesive plaster. A pledget of lint smeared with simple cerate was inserted into the wound & the child sent back to the ward.

Remarks.

"The tumor in this case was properly speaking, a urinary cyst and not an abscess, as it was surrounded with hard walls of lymph, which prevented the percolation of the urine into the cellular tissue. How are we to effect a cure in this case? By restoring the continuity of the canal allowing the granulations to envelope the catheter as it remains in its present position. The pledget of lint at present inserted will hasten that

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the wound open for a time, which is the object of placing it there.

Seventh Clinic Saturday Nov. 5th 1853.

1st Case. "Prolapsus Ani"

A sailor exhibited to the class, with the lower portion of the Rectum, protruding from the Anus. A strip of the mucous membrane, healthy in appearance, was folded on the outside of the gut, beneath & continuous with which, was a hard fleshy mass, ragged upon its surface as if ulcerated. First felt the disease commence, two years ago; — feels pain in the part, when it is placed, of a dull aching character. Touched surface with strong Nitric Acid, and replaced it within the anus.

Remarks.

It is exceedingly rare for an adult person to have prolapsus ani, but here we have it without any doubt. Yet it is not a case of simple prolapsus — I fear that it is Carcinomatous. The pain, at a time, is not such as we would look for in cancer,

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but the appearance of the part, and its fungous hardness, are suspicious circumstances. When I first heard that this man had prolapsus of the anus, I suspected at once, that it was connected with some disease of the intestine, and not a mere looseness of the mucous membrane; — as it is exceedingly seldom that we find the disease occurring in the adult of this man's time of life (Aet. 26 yrs.) though common in infancy and old age. It would not be prudent to excise the tumor on account of the dangerous hemorrhage which would likely ensue, nor can we apply a ligature. The next best application is the strong Nitric acid which we have used.

2nd Case.

The child with urinary ays. notice before shown to the class. The catheter has remained in the bladder and the urine principally discharged through it, some little escaping from the urethra when withdrawn, the end of the catheter was in-

-crusted with a calcareous deposit. Introduced a new catheter which was secured as before, and drew the edges of the wound together with adhesive strips, allowing one small opening at the lower edge, to permit the escape of any urine which might find its way into the wound.

Remarks.

It is difficult to tell, in this case, whether all the walls of the urethra have been destroyed. The object is to restore the continuity of the canal, by introducing the catheter through the penis into the bladder, so as to prevent the urine from escaping into the wound, and allowing the parts to granulate around it. The instrument which I have withdrawn presents a very good illustration of the fact which I mentioned some days ago when examining a patient in the ward, that any foreign substance in the bladder, will be the seat of a phosphatic deposit, and is the cause of the incrustation we see here.

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3rd Case. A negro boy brought in with a tumor in the popliteal space. Appeared in the same situation once before and entirely subsided; but recently began to swell again. Complains of no pain in the part. Ordered. To keep the limb quiet; paint the tumor with Iodine; apply compress, and give internally Iodide of Potash grs V ter die.

Remarks.

The position of the tumor here, is the most frequent seat of aneurism. There are also a number of glands there situated, which may inflame and give rise to a result like this. I feel a hard tumor, not very moveable, & closely adherent. It is not an aneurism, nor do I think it malignant in its character; the general appearance of the patient is against any such conclusion, and besides he has no pain. Its disappearance, too, on former occasion is an additional evidence of its non-malignant character. It is therefore a doubt, and it very probably results from an inflammation of the glands. The treatment

has been prescribed will very likely cause a speedy & disappearance.

1st Case. The Irishman upon whom the Operation for Hydrocele was performed at the first Clinic was exhibited to the Class. The Inflammation has almost entirely subsided; perfect adhesion has taken place. There is a little Suppuration about the edges of the wound. Dismissed — Cured.

Remarks.

There has been a little Suppuration about the edges of the wound here; nothing of any consequence however, and it will soon subside. In the Operation for the radical cure of Hydrocele the Lint & injection frequently fails; the tent, on the other hand, according to my observation and experience, never; the only fear being that it will [illegible] cause the wound to be [illegible] with too much Inflammation and the suppuration, of which I spoke in connection with this case, on a former occasion. I am perfectly certain now that this man is completely cured; there cannot pos-

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=ity, be a return of the disease.

5th Case. The Negro woman operated upon for (See 2nd Clinic, 5th Case) for incomplete internal fistulae in ano, brought in. Laid open another long passage with callous walls, and filled it with lint. The granulations are progressing as well as could be expected in a surface so extensively diseased.

Remarks.

The present is a complicated form, of incomplete internal fistulae in ano; that is, there are several openings, into sinuous canals, passing in different directions through the Nates. The parts are so extensively diseased, that it is doubtful if we can effect a perfect cure, if ever, by a medicinal process. I have not discovered any change into the Rectum. We did not lay all the passages open at the same time, because the operation would have been too severe.

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1st Case. Child operated upon for [illegible] (See previous report) [illegible] the case. [illegible] of the wound is gradually diminishing in size; some suppuration perceptible. Introduced a larger catheter than any previously employed, and adjusted it by adhesive strips as before.

Remarks.

We are progressing with this case, as well and as rapidly as we could desire. The cystic [illegible] as you perceive, that is what we want. The catheter occasionally slips from its place, in the [illegible] movements of the child, but is reinstated without any difficulty. I apprehend [illegible] in effecting a perfect cure.

2nd Case. "Process of Infirm Maxilla".

A girl about eleven years old, brought in, with the side of her face frightfully burned [illegible] cicatricial fistulous orifice on the lower edge of the [illegible] has been suffering from necrosis, [illegible] from decayed teeth for about two years. A few incisive

was made in the line of the chisel, through which a part of the body, the whole of the ramus and the condyle of the bone, were extracted in a single piece. The sequestrum occupied the body of the bone as far as the angle, and presented the usual worm eaten appearance. The ramus and condyle were unaffected.

Remarks.

It is of no use to attempt to remove the sequestrum prematurely, since if it be not sufficiently loose you only inflict an unnecessary torment upon the patient. Necrosis ought to be arrested, by a healthy formation of nature, before it reaches the joint, as was the case here.

3rd Case. "Scirrhus of Prostate Gland"

This was the case of a negro man about 50 years of age, who was sent to the Infirmary [illegible] for a retention of urine, and who was seen by the Professor for the first time, in the presence of the Class today. Says he passed his urine freely,

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half an hour ago, so as to completely empty the bladder as he thought. Upon introducing the Catheter, however, it flows from him freely again to the amount of more than a pint. Complains of shooting pains in the region of the prostate. On examination with the finger, per Rectum, discovered the prostate to be very much enlarged, and hard. Pronounced to be scirrhous. Ordered, to draw off his urine by the Catheter twice a day; Tod. P: Tassoc. quotidie internally & Sulphur that his passages may be easy.

Remarks.

I have not seen this case before. The patient complains of retention of urine from some cause or other, the nature of which we shall [illegible] in trouble of the prostate that I can see from the introduction of the catheter; [illegible] from the large discharge of urine, and the patient's assertion that he emptied his bladder half an hour ago, that there must be a retention. [illegible] examine the condition of the prostate for [illegible]

is enlarged; but it is not hypertrophy — I wish it was. It is hard and is undoubtedly scirrhus. The patient complains of shooting pains in the part, a circumstance which tends to confirm the diagnosis. I am afraid we shall not be able to do much here. It is necessary, of course, that we should avoid any mechanical irritation of the affected part, and yet it is equally necessary, that the patient's urine should be drawn off by the catheter, otherwise the bladder will become painfully distended with urine. You observe how he shrank at the sight of the instrument, and he says himself that he has been "torn up", by efforts to introduce the catheter, previously to his entrance here. In all such cases introduce your finger into the urethra, and examine the condition of the prostate. If it is large & soft, it is simple hypertrophy, which is usually connected with some constitutional disturbance, and disappears under remedies addressed to the constitution; but when it is scirrhus, it is malignant, and I fear it is the case here. In introducing the catheter under such circumstances, remember that the prostate [illegible]

the urethra more abruptly. Make use of a long catheter, with a large curvature, and Elevate the point inserted, in such a manner that it will over-ride the urethra gland. It is very essential that you should be extremely careful in this matter, simple as it may appear. The catheter now-a-days, kills more than the sword, the Bowie Knife, or the revolver. Again and again am I called upon to treat cases, in which the urethra has been ruptured, by bungling attempts to introduce the catheter. (Illustrated by a diagram one of these cases, in which the catheter pierced the membranous portion of the urethra, passed under the prostate and entered the bladder behind).

Sometimes the over-distention of the bladder has nothing to do with a diseased prostate, but may result from paralysis of the bladder from a failure to obey the calls of nature. Such, under such circumstances, very rarely results from the absolute burstings of the bladder, but from the retention in the system, of the poisonous elements of the blood eliminated by the kidneys. These are attributed

to by a very respectable citizen of this city, an old gentleman, - who would have undoubtedly died had he longer delayed obtaining relief. At first there was no urine in his bladder, for he was deceived by the pellicidum but when I introduced the catheter I drew off more than two quarts of it. After this, for a considerable time, water was secreted in vast quantities, and required to be drawn off very frequently, because the system had been surcharged with the elements of urine. Diuretics, which are not unfrequently employed in cases similar to the one I have just detailed, are stupid!— The Kidneys are not at fault!— there is too much urine already. I have even come across such cases, which have been mistaken for Peritonitis and treated accordingly. In my opinion, the case of the negro man who just left the theatre, is hopeless.

Eighth Clinic Wednesday Nov. 9th 1853

1st Case. "Caries of the Tibia"

This was the case of a man who had an abscess of the Tibia discharging by an insufficient orifice. A sponge tent was introduced into the opening some days ago for the purpose of dilating it, but with out effect.

Gave the patient Chloroform; made a free incision down to the bone, - then with the mallet and chisel, chipped off sufficient to enable the finger to be introduced into the cavity.

Remarks.

Now, you see, it was necessary that the matter should have a ready exit, but the orifice at the surface of the bone was insufficient. Sometimes we are enabled to dilate it by the mechanical expansion of the sponge, but when that fails we are compelled to cut down upon the bone and enlarge the opening. In this case we have waited a reasonable time for the action of the sponge tent but without obtaining any good result. The proper way, then, was to cut down upon the bone and

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delate the opening, as we have done. Had we delayed our duty it might have resulted to loss of the leg.

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1st Case. Removal of Enlarged Tonsils.

Boy aged 12 years old suffering from chronic inflammation & enlargement of the tonsils. Excise both the glands, using for that purpose Fahnestock's guillotine. Little or no hemorrhage follows the operation.

Remarks.

The tonsils, you are aware, are two little glands situated between the palate half arches. They are subject to hypertrophy, & sometimes become so large as to fill the fauces, and even to touch one another. In this condition they occasionally influence the general health, by pressing on the vessels, and preventing the due return of venous blood from the head. I have known a child to be considered idiotic from this cause. They also

...ously impede the breathing, and the form of the chest is sometimes altered by the spasmodic action of the muscles concerned in respiration. Surgeons are formerly timid in performing this operation from fear of the hemorrhage, but serious hemorrhage is of very rare occurrence. I have removed the tonsils at least six or seven hundred times, and have witnessed serious bleeding in three cases only, and in these it was easily checked by the application of nitrate of silver. It is more frequently met with, in operating upon the adult than upon the child. Indeed I have never known serious hemorrhage to occur in children after the operation. There is no inconvenience experienced from the operation — not so much as from the cropping of the uvula. A gargle of common green tea, infused or decocted, may be used for a day or two. Enlarged tonsils sometimes depend upon scrofula and some think that they always depend upon this diathesis. This, however, is not the case.

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2nd Case. "Incomplete External Fistula in ano"

A boy brought in suffering from this disease. There was one considerable sinus terminating near the rectum but not perforating it. The bistoury was introduced through the opening as far as the end of the sinus, and the forefinger of the other hand being passed into the rectum, was rubbed against the presenting extremity of the instrument till the latter perforated the gut. An incision was then made from within outwards through the sphincter. Filled the wound with oiled lint.

3rd Case. The child operated upon for urinary cyst exhibited to the class. The orifice of the wound is diminishing in size. The catheter introduced last time remains in until to day; when taken out it was found choked by the urine. General health unaffected. Introduced new catheter and secured it as before.

4th Case. "Syphilitic Iritis"

A man shown to the class suffering with this complaint; only one eye affected. Has been in the Infirmary three

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three weeks, and suffering from the disease of the eye two months. A pink circle is observed around the cornea in the white of the eye. The pupil attended in shape.

Remarks.

Upon the entrance of this man into the house, three weeks ago, we very promptly put him upon Mercury, but the disease had progressed too far, to be alleviated by any means. Belladonna smeared around the eye, was had no effect in producing dilatation of the pupil, and the reason is obvious; - the effused lymph has united the edge of the iris to the lens, producing spurious cataract. Can any operation do good here? Spurious cataract, is less easily operated upon, than true cataract. The operation is not unfrequently attended with disorganization of the Iris, and gives rise to a high degree of inflammation. We should never touch an eye that affects when the other is free from disease. An operation would be justifiable only when the sight of the other eye is destroyed. The nature of the operation must be based upon circumstances. Sometimes we make an artificial pupil through the Iris; at other times, it is more proper to

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make an opening at the point of attachment of the Iris to the Cornea, and leave a semicircular aperture at that point. By these means we may often produce a sufficient degree of vision, to enable the individual to walk about, unaided.

5th Case. "Traumatic Cataract."

A man led in, who had suffered an injury of the eyes from the explosion of Gun powder, whilst engaged in blasting rocks. One eye is entirely disorganized; in the other, the capsule of the lens is united to the Iris.

Remarks.

Here is a case of Traumatic cataract, very similar in its effects, to the case of syphilitic Iritis which we have just dismissed. When I first saw this man, I thought nothing could be done for him but yet observe he presents precisely those circumstances allu-ded to a few moments ago, which can alone justify an operation; and I will therefore operate upon the eye, even if there be but one chance in twenty of restoring a ray of vision. I will not touch it to-day

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however, for there is too much inflammation present. When the Cornea is wounded, lymph exudes from it to the capsule of the Lens, which is the case here.

6th Case. "Traumatic Cataract" from a blow.

A second case of Traumatic Cataract exhibited to the Class, in which the injury was the result of a blow. Pupil altered in form; - Lens very much absorbed; capsule shrivelled constituting the Cataract, and attached to the Iris.

Remarks.

Here, you observe, has been a wound of the eye with a rupture of the capsule and dislocation of the Lens. The Lens is very easily dislocated by an injury done to the eye. The vitreous humor is also disorganized. It is a substance, in consistence like melted glass (from which circumstance it derives its name) enclosed in the meshes of a delicate cellular membrane, the Hyaloid. These are necessary to the organization of the eye. When there is a contusion of the eye, this membrane is ruptured, and the fluid part escapes. This accident, sometimes

happens in couching. The Iris waves like a curtain in the wind, as you observe it to do in this man's case whenever he winks; on account of the vitreous humor, no longer contained in the Hyaloid membrane, moving at every motion. Sometimes the condition results from spontaneous disease. This man can see the hand passed before his eye, because the lens being in a great measure absorbed, and the capsule shrivelled, there is a little opening through which some light enters the eye. His other eye being perfectly good, it would be imprudent to operate here.

<u>4th Case</u>. Child operated upon at last clinic for necrosis of Inferior Maxillae, introduced. Is doing well — tumefaction diminished — is able to close the jaw with considerable force.

<u>Remarks</u>.

The tumefaction is diminished. It was thought to be pressure of the necrosed bone, which acted as a foreign substance. Now, what will be the necessary operation in a case of this kind? Some bone will be formed to

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an apparatus of motion will be the result. This is a pro=
=vision of nature; — where bone has been lost, bone will be
reproduced. Where this disease results from decayed
teeth, as in the case before us, there is irritation to the
membrane surrounding the bone, matter is deposited
under the periosteum, which dissects that membrane
from the bone. The periosteum being the nourishing
membrane of the bone, exactly analogous to the bark
of the tree, from which the woody fibre receives its
nutriment, when thus separated from the bone by disease,
the latter perishes. A part of the tumefaction is the
result of the callus, which nature forms around the
dead bone. The diseased part is called "Sequestrum"
because it separates from the living bone. Sometimes
the Sequestrum does not come away for a very long
time. I once removed one from a patient, which
had been formed for twenty years.

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1st Case "Indolent ulcer"

A man with a very large indolent ulcer upon the leg

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was shown to the class. Had been blistered over the surface, which now presents healthy granulations.

Remarks.

In this case, the edges of the ulcer had become callous, and we applied a blister with the good results which you now see. A blister, in cases of this kind, is one of the very best applications we can make; it excites action, stimulates the absorbents, and restores activity to the whole of the part. If blisters should not produce the effect desired, then take the scalpel and pare the edges of the ulcer.

2nd Case. Girl operated upon for Necrosis of the Lower Jaw, brought in. Cicatrization stable; can work the jaw very well.

Remarks.

At the junction of the diaphysis with the shaft of the bone, Necrosis usually stops. It is important that she should work her jaws even when not masticating, so that some adventitious articulation may be formed by nature. —

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3rd Case. Man with diseased prostate, mentioned before, introduced. Belly distended with urine, an impossible having been found, to the introduction of the catheter. It was now attempted to be introduced again, & successfully, but not without considerable difficulty. Discharges about a pint of urine.

Remarks.

The frequent introduction of the catheter, prevents the progress of the disease. No doubt the third lobe of the prostate, is interfering with the passage of the instrument; but by hooking it up, and largely depressing the extremity, you observed it passed in at once (Explained by a diagram the third lobe of the prostate, which is not seen in the healthy condition of the gland). If the catheter could be introduced easily, I would order it to be inserted three times a day, for the bladder is always injuriously distended with urine. An examination per rectum is of great importance in these diseases of the prostate. When I felt the condition of the part by that means at my last meeting, I determined at once the nature of the case. Persons thus afflicted are almost always benefited

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owing to the mechanical impediment which the enlarged gland offers to the passage of feces. In retention of urine from this or any other cause, no doubt the ureters become engorged with urine and distended as the bladder is.

4th Case. "Excision of tumor from the neck."

A negro woman brought in, presenting a very large tumor under the left ear. Part began to swell nine years ago, during which time it has slowly increased to its present size. Complains of no pain.

Made a longitudinal incision through the skin upon the tumor, and carefully dissected it out. Very little hemorrhage attended the operation; - two small vessels were tied up. Laid a brass piece of the tumor into the bottom of the wound, and placed lint upon it, with directions, that when all hemorrhage shall have ceased, it should be dressed with adhesive strips. On cutting upon the tumor, after it had been dressed several cavities were found in it containing purulent matter.

Remarks.

The tumor feels like and the skin above it shows a

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healthy. It is a lymphatic gland undergone hypertrophy: It is not necessary to destroy much of any of the skin in removing it: We shall find the platysma muscle covering the tumor, which is the only muscle we have to cut through. The principal danger in operating now is the introduction of air into the veins, which in this case of a gland are usually varicose. In cutting, be careful to carry the knife low under the tumor, but at the same time avoid leaving any part of the tumor behind; an accident into which you may be led if you follow the laminae of cellular tissue you will find penetrating the tumor at different points. It is not think the tumor malignant, — there is a good deal of fibrous tissue in it, but it is not cancerous.

5th Case. Child with urinary cyst (illustrated stone) to the Class. When the catheter slips from its place the urine passes out through the natural canal. Healing

6th Case. Varicose Ulcer.

A man shown to the Class with varicose ulcer of

the leg. The veins around very much distended and en-
-larged. Applies a neatly fitting bandage from
the foot to the knee.

Remarks.

The ankle is turned, owing to the distended state of the
veins. Now, the valves fail to perform their office;
the blood lingers in the part; — there is an arrest
of healthy nutrition on account of the pressure from
above, with the irritation consequent upon mech-
-anical distention. In these cases, there is always
some phlebitis present; — not that dangerous des-
-cription of inflammation of the veins so destructive
to life, but a lower grade, under the operation of which
the coats of the vessels become thicker. Often an ulc-
-erous burst. The blood spurts out to a considerable
distance, owing to the pressure of the column of fluid
above. If you tap a hogshead filled with any liq-
-uid, near its bottom, you will have a result precisely
similar, and attributable to exactly the same cause
viz. the pressure of the superimposed fluid. How
is this state of things to be remedied? By the use

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simplest expedient, which is after all only an imitation of nature's remedy, that is, by throwing the patient upon his back, and thereby relieving the pressure. The disease cannot be cured without removing the condition of the uterus upon which it depends, and this is best accomplished by supporting the part with a bandage accurately adjusted, as I have endeavoured to apply it here.

Eleventh Clinic Saturday Nov. 19th 1853.

1st Case. The colored woman from whose neck the tumor was removed at the last Clinic, brought in. Some part of the wound healing by the first intention; some suppuration going on above.

Remarks.

It does not often happen, that the wound heals by the first intention, after the extirpation of a tumor. Now, everything is progressing well, and there is no probability of a recurrence of the disease, for the tumor was so well defined, and insulated, so to speak, that a shield (which circumstance is opposed to the supposition of Cancer) that every part of it can easily

very readily.

2nd Case. Girl with Necrosis of lower jaw, operated upon before (see 4th Clinic 2nd case) is again in our wards. Suppuration greatly diminished. The jaw appears shorter — the incisor teeth inclining a little to the left.

Remarks.

It is not surprising, when we consider the size of the bone lost, that the jaw is a little shorter. Can we do anything by mechanical means, to prevent this inclination towards the left? It is almost impossible to prevent it, by any means to which we may resort. — There is not a particle of diseased bone remaining, the patient is well, and will very soon be able to leave the house, with scarcely any perceptible disfiguration.

3rd Case. Child operated upon for "missing upper teeth" in. Opening of the wound smaller. Introduced catheter as before.

Remarks.

The wound, as you perceive, is smaller. [illegible]

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-cient to allow the urine to trickle from it. — The child pulls the Catheter out, and if this circumstance were not attended to, no good result would follow the Operation. We must therefore persevere in our efforts to assist nature by the introduction of the catheter, until she shall have restored the entire continuity of the natural passage.

4th Case "Oblique Inguinal Hernia".

A sailor brought in suffering from this disease. He had it about 2 years. When introduced into the theatre, there was no protrusion perceptible. He was asked to cough, which he did several times, without bringing down the sac; — then walked briskly around the table, & on coughing again, it descended an inch or two below the external ring. — It seems to have a tunica vaginalis.

Remarks.

This is a case of Oblique Inguinal Hernia. You see there are two abdominal rings, the one deep, the other directly through the walls of the belly; natural each.

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a part of natural arrangement for it which is best adapted for the safety of the parts within. It first enters one ring, then passes obliquely downwards for about an inch and a half, and emerges at the other. The canal is constantly shut. — When the Hernia is of long standing, the two rings are brought into apposition with each other. — You would suppose, that the thin diaphanous membrane, the peritoneum would be ruptured in these cases; — such, however, is never the case, — Hence you perceive no tumor and you might think there was no Hernia; — but you will soon see that there is. (Here he desires the patient to cough, and to walk briskly around the table). It comes down a little, but not very far, nor very readily; and the reason of this is, that he has been kept in the recumbent posture since his entrance here, and has been wearing a truss... In the application of a truss, we refer to one which one of two objects; viz, either to effect a radical cure, or when that is impossible to retain it by holding the part subject to protrusion, in its proper place. There is always more or less distress attending a Hernia; such

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-nossed function constipation - &c &c. In Hernia, a patient thus afflicted, instinctively applies his hand to the part when making any exertion. — The ingenuity of surgeons has been taxed to invent mechanical contrivances for the purpose of accomplishing a cure, or at the-iate Hernia. Thirty five or forty years ago, Hall made his improvement upon the old fashioned truss, and it consisted in substituting a convex for a concave pad — in the close attachment of the pad allowing it to change its position with reference to the spine without altering its relation to the body, — and in the simplicity of the apparatus being made to keep its position by its own pressure. Marsh's truss was a little greater modification of the pad, forming a complete ball and-socket joint. The pivot is applied below the centre of the pad, so as to exert a greater pressure upon the lower portion of it. It will often accomplish a radical cure. When the truss is expected to be long used, a convex pad should not be employed, but for the radical cure it must. The use of the truss pad which is nothing to effect a radical cure of Hernia, was first introduced in a

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any singular manner. A laboring man in Kentucky who was troubled with a Hernia, when at work in his field at a distance from his house, finding that the appara-tus he was using did not accomplish the object it was designed for viz. to keep the Hernia within the belly, took out his knife and chipping a piece of wood into a shape somewhat similar to that of the pad at present used, applied it between the truss and point of protrusion, and went on with his work. In a short time, he was astonished to find that he could do without any truss whatever, and that his Hernia was radically cured. Surgeons took advantage of this, and hence the hard pads at present employed to effect precisely what the rude block of the Kentuckian did, a sufficient degree of inflammation to cause ad-hesion of the surrounding parts, and thus prevent a recurrence of the rupture. — Here is a Chasse truss! The only difference that I can see in the construction of this is in the neck, which is made of steel, con-tributing the better adjustment of the pad. It is secured by straps, — which is objectionable. — Here

is another of Marsh's, having an iron pad, and a spring underneath pressing it up. I cannot say that this can be expected to effect, will be learned by the eccentric attachment of his other truss. Rheinhard of this City has a truss with a glass pad, which is too heavy.

5th Case. "Gonorrhoeal Ophthalmia"

A man brought in suffering from this complaint in one eye. Contracted Gonorrhoea about a month ago; has discharge from his penis at present; — first felt soreness of his eyes, four or five days ago. When introduced, the lids were glued together by the discharge which is very abundant, viscid and yellow. Upon further examination, it was discovered that the cornea had sloughed, the vitreous humor was disorganized and the lens probably discharged.

Remarks.

The first circumstance to which I will call your attention, in the case now before us is the gluing together of the margins of the lids, which is of very

frequent occurrence in this disease, and one to which it is very important you should attend. You observe it closes the eye, and converts the cavity into a sort of abscess, where, the matter being of a very morbid character, inflicts a vast amount of irritation. It is very important therefore, that we should avoid this adherence of the lids, which can be effected by annointing them at night with the red precipitate ointment. — There are many ways in which the matter of Gonorrhoea may be communicated to the eye, such as neglecting to wash the hands after injecting the penis, using the same towel or the same wash basin, as that employed by the patient with Gonorrhoea &c. The disease is most frequently seen in new born infants, when eyes have become inoculated with the virus from the mother, at the time of birth. — Then the eye is completely destroyed. Indeed, the disease always disorganizes the eye if not most carefully treated, and sometimes even then, we are not able to avert so disastrous a result. It is a purulent inflammation of the conjunctiva, marked by pain around the brow and not in the eye itself,

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— great Chemosis, and a copious discharge of viscid matter. It is very apt to result in sloughing of the Cornea, protrusion of the Iris, disorganization and protrusion of the lens. The nutrition of the Cornea is sometimes changed and it becomes opaque. — Here we can only arrest the disease. It is probable the poison continues to be secreted, therefore to prevent further mischief we will annoint the lids with the red ointment. There is no use of applying Nitrate of Silver now, although it would have been useful in the beginning of the disease. If seen early antiphlogistic treatment should be at once employed — bleeding, cupping, watery solution of opium if much pain, touching the lids with the red precipitate ointment and the Conjunctiva with a strong solution of the Nitrate of Silver, and bringing the constitution speedily under the influence of mercury. Such but strong actions will effect anything. This treatment will save more than Sculle or expectant treatment.

Twelfth Clinic Wednesday Nov. 23rd 1853

1st Case. The patient with ununited fracture of the Humerus (See 6th Clinic 1st Case) to whose arm the starched apparatus was applied Nov. 2d, brought in, and the apparatus taken off, to exhibit the progress of the case to the Class. There is still some motion at the seat of fracture, but a very perceptible degree of firmness, giving evidence that union is taking place

Remarks.

You observe here how snugly the bandages have remained. — I have seen more cases of ununited fractures of the Humerus just at the insertion of the deltoid, than of any other bone in the body. In some instances it is the most convenient point for treatment. — The use we had of in the starched apparatus there was giving ample support to the fore arm and arm, with the interposed wedge-shaped bolster in the axilla. All the pressure we could apply at the point of fracture would accomplish nothing; indeed, if we were addicted to use force there is more effect to be obtained by a slight degree of pressure along the whole

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of the Humerus will do all that we desire. — It is not merely necessary to keep the arm close to the body, but to promote pressure of the bones upon each other, so as to produce absorption of the tissue and.

2nd Case. "Fracture of the thigh"

A sailor brought in with fracture of the thigh which had occurred thirty six hours previously by falling down the hatch-way of a ship. Very first viewed development and considerable tumefaction, limb shortened, foot everted. Gradual extension being made the limb was adjusted in the apparatus.

Remarks.

You know from the attitude of this patient we were forewarned by something in the position and his thigh. — It is impossible, with the degree of swelling present, and after the time that has elapsed since the injury was received, to determine exactly the character of the fracture. We cannot in a case of this kind fix the pieces together as we would fragments of broken china; — this is never done.

But we must endeavour to give the limb its natural length and natural form. — Extension must be made gradually, for any sudden traction would provoke the action of the muscles. — The support of the foot is very important, and the apparatus which does not accomplish this, is good for nothing. — There is always a tendency to sink towards the foot of the bed, and this, more frequently than the spasmodic action of the muscles, is the cause of shortening in fractures of the thigh. In the apparatus we employ, however, there is no motion of the body unaccompanied by a corresponding motion of the injured limb and the bad effects of this tendency to sink in the bed are consequently obviated.

3rd Case. Boy operated upon for inveterate cyst (see before) brought in to exhibit the progress to the cure. The wound is nearly closed. Ordered to wash the edges with Tinct. of Iodine and continue the collodion as before.

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Remarks.

This was not an urinary abscess, because there seemed to be an organized membrane lining it, and no pus within the cavity.

Thirteenth Clinic Saturday Nov. 26th 1853

1st Case "Tracheotomy"

A boy eight years old brought in with a persimmon seed lodged in his trachea. When it has been for a month past, occasionally offering in the different positions which it has assumed from time to time, such impediment to respiration as to place his life in jeopardy. When brought to the Infirmary yesterday there was no vesicular murmur perceptible upon the left side, the seed occupying the opening of the bronchus upon that side. To day the murmur is heard upon both sides with the same degree of force although he breathes with difficulty. An incision second — inch in length was made down upon the trachea. Considerable venous hemorrhage resulted, upon the evidence of which, the knife was passed through

the Crico Thyroid membrane and brought down through two or three of the rings of the trachea. Almost as soon as the knife was withdrawn, the seed was thrown out to some distance by the first act of expiration. The seed was quite smooth, about four times the size of a watermelon seed, and black. The lips of the wound were brought together by sticking plaster.

Remarks.

The seed has changed its position since I saw the patient yesterday. A foreign substance, like that here present, is more apt to lodge in the right Bronchus than the left, on account of the former being somewhat larger. In this instance, however, the contrary was the case on our first examination yesterday. In performing the operation, it is important that we make the first vertical incision for two reasons, first, that we may see the trachea distinctly, and secondly, that the blood may flow externally and not into the tube. I have operated for the extraction of a foreign substance from the trachea, right twice, once suc-

cessfully in every case, although in two instances I thought for a time my patient was dead. In one of these cases a bean and in the other a grain of coffee had made its way into the trachea and both of them had swelled and were very difficult to extract.

— I did not make as long an incision here as I designed to as at first, on account of a large transverse vein which I found crossing the neck below. It is at all times dangerous to cut these veins, not only on account of the hemorrhage, but on account of the accident being attended with the admission of air into the veins, which is sometimes followed by almost instantaneous death. The seat has been the tube for a month, hence we are not to be surprised at the degree of chronic Inflammation here present.

2nd Case. "Operation for Traumatic Cataract."

The Irishman alluded to before (See 9th Clinic 5th Case) who had suffered an injury of the eye when engaged in blasting, the result of which was a traumatic Cataract.

was brought in. Was had Bella donna smeared around the eye, preparatory to the operation. The iris is wounded and distorted; can see a light passed before her eyes. Operated in the ordinary manner for producing absorption; the cataract being soft was easily broken up.

Monday. Nov. 28. Orders. R. Ant. Sulph Acid — Hyde. Prob. ā ā ℞; ft pill xxx. One three times a day.

Remarks.

This is a very unfavorable case, and the chances are nine to one, that I will accomplish nothing. But we are perfectly justifiable in trying, even when there is a single ray of hope, for the other eye is entirely disorganized, and this is at present, of no service to him whatever. — The circumstances adverse to success are those. There is a quantity of lymph thrown out, the capsule has been disorganized and adhesions have taken place all around. If we can succeed in making a window through which light will penetrate we will effect our object. — Now is the form of needle I use in operating. You observe, it is a delicate instrument, often pointed and perfectly straight. — Formerly

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I trusted to assistants to raise the lids whilst I was operating, but I find I can do it much better myself with my left hand. There is one little matter to be attended to in operating for cataract, and indeed in any operation in which you have occasion to use a pointed instrument, which may seem trifling, but which is nevertheless of considerable importance, inasmuch as it greatly facilitates the entrance of the instrument, and that is, to anoint its point with lard or oil before using it. — In this case there appears to have been no destructive inflammation in the vitreous chamber of the eye, and the nerve is probably uninjured. He can see a light passed before his eye; indeed if he could not, it would be perfectly useless to perform the operation. Of course we must wait to see the results of what we have done.

Fourteenth Clinic Wednesday Nov. 30th 1853.

1st Case. Details in the boy upon whom the operation of Tracheotomy had been performed at the last Clinic to exhibit the progress of the case.

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Has had dyspnoea since the operation, which has very much subsided. Pulse natural, wound closing. Ordered to keep the addition. Stimulants stopped. (P.S. This boy left the Infirmary Friday Dec 2 nicely well)

Remarks.

This patient is looking well, and doing remarkably well. There has been some dyspnoea which is attributable to the inflammation and thickening of the mucous membrane, which is not at all astonishing when we consider the length of time the tube remains in his throat. For a day or two after operating I directed that he should have two grains of bicarbonate of soda a day, to prevent the deposition of false membrane, and to promote the absorption of any that had been already formed. The cases in which fistulæ have remained after operations of this kind, but they are very rare and always attributable to bad management.

2nd Case. Child with urinary deposit in the bladder. Some hardness still felt in the prostate, which

wound nearly healed. Urine passes through the natural channel, when the catheter is withdrawn. — Introduced the catheter again and secured it as before.

Remarks.

There is a degree of hardness felt here yet. It would be imprudent to dismiss this little fellow now, although the urine passes through the natural canal, when he pulls the catheter out, for it is doubtful if it would continue to do so, and another cyst would be the result.

3rd Case Exhibited the woman operated upon for tumor of the neck. (See 10th Clinic 4th Case & Seq) Some induration still present, wound nearly closed. Ordered to apply compress, and patient to be sent home.

Remarks.

Some of the matter from the tumor, excised from this woman's neck was subjected to the microscope & no cancer cells were found in it. Its insulated condition, and the absence of any constitutional symptoms are sufficient evidence that it was not cancerous. She may leave the house. —

Fourteenth Clinic Wednesday Nov. 30th 1853.

4th Case. The man upon whom the operation for traumatic cataract was performed at the last clinic, brought in. No evidence of Inflammation after the operation — Suffers no pain — Cannot see any better. Continue Belladonna and pills.

Remarks.

The cataract here was very soft, and broken up without any difficulty. We will keep the parts around smeared with Belladonna, in addition to which I ordered at one of my Early visits, a pill composed of Golden sulphuret of Antimony & Hydrg. Princhlor. and a opium, to be taken three times a day, [illegible] further deposition of lymph, and to prevent the [illegible] tion of that which has already been effused. If we can only procure for this unfortunate man sufficient vision to enable him to see large objects, and to do some rough sort of work, it will be of great importance to him, and I trust we shall succeed in doing it.

Fourteenth Clinic Wednesday Nov. 30th 1853.

5th Case. Negro boy with tumor in hypoglossal region (See 9th Clinic 5th Case) shown to the class to exhibit progress of the case. The tumor is much smaller. Ordered, Continue compress, application of Iodine externally and Iodide of Potash internally.

Remarks.

You observe that the tumor is much smaller, than it was when first exhibited to you. I am not positively certain as to the character of this tumor. The glands in this situation, rarely become diseased, and besides, it has not the well defined outline of a glandular tumor. There is another kind of tumor found here and in similar situations called Ganglion, which I am inclined to suspect may be the nature of this. It is a fibrous cyst forming in a bursa, or a cyst newly developed and attached to a tendon. You are aware that an abscess in the Glands may be converted into a true cyst. These Ganglia on the tendons, or in the bursae, contain a subbalancellus containing synovia, but much thicker in consistence — as thick indeed as jelly. Sometimes their contents —

Fourteenth Clinic Wednesday Nov. 30th 1853.

chronic, but this is not often the case. They frequently result from strains by which the little bursa situated upon the tendons, are lacerated. Small-pox is that is a species of acne often found upon the cheek, the face, the eyebrows and which is developed in this singular way. (Illustrated the development by a diagram). A sebaceous follicle or one of the sebaceous glands becomes closed by disease, and being no longer able to discharge externally, gradually grows larger and larger, until it becomes a tumor of considerable size. While it is thus forming, it pushes in the skin, just as the peritoneum is pushed out to constitute the sac in Hernia. This is proven by an interesting fact which lately came under my observation. I opened a day or two ago for one of the tumors which was situated upon the eyebrow and I found it to be operating, that I should, and I did, come upon it from the inside. Accordingly, when I opened it it was just as I said. I have found the same the case in other regions of the body, and I have seen hairs as large as the extremity of the finger, and

closed in one near the verge of the anus. There is another kind of tumor which appears in the hair, resembling that of which I have been speaking, but there is no attachment to the skin and therefore does not result from any sebaceous follicle. We do not exactly know how it is developed, but it is the most easily removed of all these tumors.

6th Case. "Indolent Ulcer."

A man brought in who had entered the Hospital a few days previously, with a large ulcer upon his leg. He has been troubled with it for more than a year. [illegible] Odeno, to avoid the most luxuriant of the granulations, with Nitrate of Silver, and then with [illegible] crate.

Remarks.

I have had this man brought in here [illegible] there is anything very remarkable in the nature of the ulcer itself but as an illustration of the [illegible] able effects, which so frequently result from

the application of old women's remedies. I saw this patient nearly a year ago, and prescribed for him, but instead of following my directions, he has allowed himself to be tinkered with, until his leg ~~to the~~ has been brought to the condition in which it is. When he entered here a few days ago, it had a very forbidding aspect indeed, but by the employment of simple means it has improved to the degree that it is seen in now. Indeed, it would have got well at first without any application whatever, if he had only kept it clean and abstained from excessive bad.

7th Case Catarrho-Rheumatic Ophthalmia

An Irishman aged 35 years, taught in 3 days that this disease. Has had sore eyes for 15 weeks, been in the House 13 weeks. Has frontal headache. Has purulent discharge. Superficial scarlet redness with deep seated straight lined redness seen underneath. Vision dim in both eyes.

Ordered, to continue bathing both eyes with

and to take Iodide of Potassium or Iodine internally.

Remarks.

This man was rapidly improving until within a few days, when he relapsed during the recently bad weather through which we have just passed. — This is the Catarrhe-Rheumatic form of Ophthalmia, for both the Conjunctiva, and the fibrous tissues of the eye have become affected. It is one of the most indomitable forms of Chronic Ophthalmia we have to contend with. The palpebral lining of the Conjunctiva becomes roughened and with a glaze, superficially shades the epithelial. Nitrate of Silver is one of the remedies most [illegible] for destroying the granulations, and is used by turning out the eyelids and touching them with it [illegible] a stick. In some cases it will answer very well, but where it is required to be used for a long time it will not do, for it turns the conjunctiva of a olive color. Instances of Opthalmia [illegible] such a result, and this is what I always use. I have it passed in private practice [illegible]

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in which the cornea was becoming opaque, with vessels penetrating beyond its edges, and which is yielding to the treatment by Sulphate of Copper. — These cases are tedious — they cannot be cured at once. Sometimes a year will elapse in convalescence — at other times they will spontaneously get better. The touching with Nitrate of Silver upon the outside of the lids, is said to produce a tonic effect upon the conjunctiva. I have tried it, but accomplished no good by it. This man has been taking wine of Colchicum, and I am now giving him Iodide of Potash as an antidote for the rheumatic affection. It is one of the most valuable remedies and I doubt not that under its use in conjunction with the application of the sulphate of Copper he will speedily improve.

Fifteenth Clinic, Saturday Dec. 3rd 1853.

1st Case. "Sloughing Ulcer."

A negro man brought in with a large sloughing ulcer nearly circular, about 2½ inches in diameter over

his leg. It was covered with a dark fungus which projected about half an inch above its surface, and emitted a most offensive fœtid odor. Struck his leg against a stump in May last, by which a small piece of flesh was knocked out, continued to work in all kinds of weather until disabled by the size of the resulting sore and general debility. Feels no pain in the part. has had swelling in the groin which entirely disappeared under some simple application. Is anæmic and feeble. Mopped the fungus with strong nitric acid, when it rolled off like soft yellow clay, exposing the edge of the Tibia below. Applied Turner cerate upon a rag, and encircled the limb from the foot to the knee, in a wet roller and ordered it to be kept moist with the watery solution of opium.

Remarks.

I saw this case a day or two ago, but did not thoroughly examine it, or establish a diagnosis. This is an unusual by fact case, — let us determine what it is. Upon first view, its character is equivocal. There is an immense

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fungus — part of it sloughing; it has blood — there is bloody serum exuding from it now. Is it malignant or is it a common ulcer rendered irritable and assuming a sloughing character? Cancerous ulcers frequently display themselves here and present just such an appearance; — like this in their fungous growth — like it in their bloody serous discharge — and like it in their insupportable fetor. But the characteristic pains of cancer are absent, and the rapid progress of the sore is also opposed to the supposition of its being cancer. It also wants the cauliflower margin of a cancerous ulcer. He is anæmic, with a fast pulse and wasted in flesh. These are the natural results of the copious drain upon the system, and the cause and irritability. It is an irritable ulcer assuming the sloughing character. He has, as he tells, since the time of the first injury, been exposed to the inclemency of weather, and such exposure will cause any ulcer to assume this form. A part of the bone has no doubt exfoliated. It is not uncommon for ulcers of this kind to produce exfoliation. — Cicatrices

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a draft of a sloughing ulcer of the scrotum. Here is a representation of a sloughing ulcer of the scrotum which I treated just as I am going to treat this, and which was cured as I have very little doubt this will also be.

2nd Case. Irritability Supervening upon Necrosis.

Negro boy brought in. Had Necrosis of the femur for which he was treated a year ago. Walks lame, and complains of pain in the seat of the former disease where a big cicatrix is seen. Was sent here under the impression that he was suffering with white swelling. Ordered Keep the limb at rest — apply ointment composed of Stramonium Ointment ℥j & Ext. Belladon. ʒj ter die; and Keep bowels open by gentle cathartic when not moved for 24 hours.

Remarks.

It is singular how uniform is the mistake among practitioners in regard to white swelling and Necrosis! they are not alike at all! The Essence of white swelling is ulceration of the cartilages — It is a chronic affection which comes on slowly. Necrosis implies inflammation

of the periosteum. This latter inflammation is not injurious in itself, but the resulting death of the bone is due to the anatomical arrangement of the parts. In speaking to you of Necrosis on a former occasion I compared the function of the periosteum to that of the bark of a tree, and it exactly resembles it. When it is inflamed, and becomes in consequence raised & separated from the bone, the latter perishes for want of nourishment. When the bone dies, it becomes a foreign substance — but it must ultimately be separated from the living tissue, forming a true solution of continuity, or rather, what would be a true solution of continuity, if nature did not anticipate it by forming a callus. — This by suppuration takes place in the part, but there is no opening, no running, no discharge of any kind, no fistulation, no bones. What is the condition then? Why it is a state of irritability, and nothing else. It may suppurate a little awhile, and there may be a portion of bone dead and to come away. The tenderness due to the involvement of the muscles in the cicatrix.

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3rd Case. Opacity of the Cornea after Purulent Ophthalmia. An Irish laborer upon the public works, with opacity of the cornea of both eyes. Has been suffering with his eyes for 18 months. Knows no cause that could have produced it. Went to bed well, and awoke feeling soreness of the eyes. Shortly after this a great discharge of matter took place, upon the subsidence of which the eyes were left in their present condition. He never had Rheumatism. Had headache after the first attack. Orders. Touch lids with Blue Stone, and apply a watery solution of Opium. Tartar ointment behind the ears; anoint edges of lids with red precip. oint.

Remarks

There is no doubt that this man has suffered Ophthalmia in, very probably, both eyes, but only one, is now affected. I observe by the hospital on Thursday disease of the eyes, has made its appearance in the opposite part of this state, supposing the same as to its nature and cause. It is nothing, I am sure, but Contagious Ophthalmia. The disease is often produced by common causes, and is afterwards.

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spread by contagion. It was this disease that affected the English and French armies in Egypt, where they encountered a great extent of sandy surface, with increased reflection of light, and the atmosphere constantly loaded with particles of sand. With them, it originated from these causes, but when they returned to their own countries where no such causes were in operation, it was found that the disease was communicated to others.

— The purulent conjunctivitis, in the case before us has left the cornea healed. It is a mere cicatrix however, and not an organized opacity. We may hope therefore, to restore it to its natural condition. The circumstances principally adverse, is the granular condition of the eyelids, which is almost always produced by this disease. This case forms a contrast with the one we saw at our last Clinic (see 7th Case) inasmuch as it is not rheumatic. I have prescribed the red ointment partly for its curative effect, partly to prevent the adhesion between the lids.

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4th Case. The man operated upon for Caries of the Tibia (See 8th Clinic 4th Case) was brought in to exhibit the progress of the case to the class. Suffers no pain. Probed the wound and orders its edges to be touched with Caustic Potash.

Remarks.

This is the man from whose Tibia we chiseled a fragment of bone on a former occasion. We have every reason to believe that he will get entirely well. Upon passing the probe into the cavity of the bone I feel that it is pretty well filled with healthy granulations. You remember, there was an abscess of the bone with an inadequate opening, which we tried to dilate by means of the sponge, but without success, and then deemed it expedient to lay it open, just as we would an abscess of the soft parts. I have advised that the orifice of the wound should be touched with Caustic potash once a week, so as to convert the edges into an issue. This will serve as a counter irritant, and by keeping up the drain will prevent its premature closure

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5th Case "Orchitis"

A sailor brought in with his testicle very much swollen. Had Gonorrhoea for which he used astringent injections. The discharge ceased at once, & immediately the testicle swelled to its present size, and of a flattened oval form. Has no swelling on the penis — no inflammation of the cord. Complains of pain in his back and loins. No discharge from penis. Was ordered yesterday an emetico-cathartic to be followed by small doses of Calomel & Tartar Emetic & the application of poultice to scrotum & penis. Orders to day — continue powders and local treatment.

Remarks.

Here you see is a case in which the result of effusion of lymph, and the administration of Calomel is indicated. In these cases, it is necessary to observe the recumbent posture, for the testicle becomes heavier, drops between the thighs, the vessels are tortuous and the blood is returned with difficulty. A simple purgative dose is generally all that is necessary. In some cases the swelling is very large & inconvenience is

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pinched from lateral pressure; - in such cases, place the patient upon his back and apply a wedge shaped bolster between his thighs, in such manner as to support the scrotum & testicle. The poultice which we have directed to be applied to the penis, is to allay irritation and induce back the discharge from the urethra. — Has this condition of the testicle arisen from metastasis, or is it the result of propagation along the ~~cord~~ duct? The same mucous membrane which lines the urethra, is prolonged through the vas deferens to the testicle. Occasionally, no doubt, the inflammation does travel by this latter mode, but in such cases the swelling does not occur so suddenly as has happened in the patient before us, in whom it is undoubtedly the result of metastasis.

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Before proceeding to the examination of the patient the Professor exhibited to the class a tumor which he has cut from the inner foot of the thigh of a lady in private practice. It was soft and [illegible]

resembled very much the appearance of the scrotum in the male.

Remarks.

Here is an adipose sarcoma, which I removed from the inner part of the thigh of a lady, this morning. In close, it looks very much like the scrotum, and indeed if the sex of the patient had not been known, and the tumor viewed "a tergo", it might have been mistaken for the scrotum, for it hung pendulous between the thighs, just in the position the scrotum occupies in the male. These tumors, are masses of fatty substance which occur in various parts of the body. They are almost unlimited in their growth. I have removed some which had attained a weight of 8 or 10 lbs, and they have been known to be 40 or 50 lbs. They are never malignant, and are rarely inconvenient, but this of course must depend upon the position they occupy. They frequently make their appearance upon the shoulder, or lower down upon the Deltoid muscle, particularly in females where they are produced by the seams of the dress, & then they cause irritation by pressure. When it has

or the thigh they almost always become fistulous. Of all tumors they are the most easily removed but not always with equal facility. When they are exposed to much pressure it is more difficult to remove them. Sometimes, they fall out as soon as the incision is made. It is occasionally difficult to distinguish the fat of the tumor from the fatty matter surrounding it.

1st Case. Operation for Phymosis.

A youth brought in suffering with Phymosis which was congenital, but has in addition a chancre on the frenum. Performed Celsus operation, carrying the incision along the frenum, which brought the chancre into view. Applied the usual dressings.

Remarks.

You might suppose that the Phymosis in this instance is the result of recent disease, but the patient says that the prepuce has always been close. It is so now however, at present. We have then two causes for an operation viz the congenital disease, and with

it the complication of the chancre. We might cure the chancre without slitting the prepuce, but we can do so much more readily by operating, which will at the same time relieve the congenital malformation. In operating upon a former occasion for this condition (See 2nd Clinic 1st Case), I told you that I generally preferred making the incision above, for reasons then stated. Still, there are circumstances which render the operation of Cloquet preferable, and the case before us is one that presents them; for here we have a chancre below and by cutting along the frenum we expose it much more readily. — A phimosis like this often renders the patient impotent. I once operated first upon a gentleman, who had been married several years without having had any children, and with a year after the operation was performed he was blessed with an heir. Ricord performs it for circumcision in cases similar to this. In my opinion the practice is very illiberal & to be. I have had an opportunity of observing (with my

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own practice, for I never perform it in such cases, but in the practice of others) is not always attended with success. The circular cicatrix renews the constriction, or there is on the other hand, danger of resulting paraphymosis. I advise you always to perform the operation, which you have just seen me complete, or that which I practiced when operating before in the early part of the present session. Let me warn you that when you are called upon to operate for the first time, you will be apt not to carry the incision far enough. One fourth or one third of an inch left unsecured would renew the tension. Therefore carry the incision as far as you can pass the director above the corona.

2nd Case Sloughing ulcer.

(See before, 15 Clinic 1st Case.)

The negro with sloughing ulcer of the leg bought — Cicatrization going on — red granulations formed — lobes all over its surface. The general health of the patient is impaired. Has had cough some time,

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right sacrum, slight dulness over upper part of left lung. Ordered touch surface of ulcer with diluted solution of Chloride of Zinc; dress with Burnett cerate, and apply bandage neatly from foot to the knee joint.

Remarks.

When we first saw this ulcer, it looked as if it might have been fungus hæmatodes, now you see it looks healthy and is cicatrizing everywhere. We are using Carlton & Hovey's solution of Chloride of Zinc, one of the most powerful antiseptics in nature, which without furnishing any disagreeable odor itself, corrects that of the ulcer. In using it we dilute it with about twenty parts of water. — The pressure of the bandage is very important here, as it represses the fungiform of the tumor, and causes its absorption. In applying Burnett Cerate or any other ointment you must be careful to pierce the rag containing it with a number of holes so as to allow the escape of pus and serum. The holes ought to be only large enough to admit the pus,

and not to grease the surrounding surface — thereby irritate it.

3rd Case. The man suffering with Gonorrhoeal Ophthalmia noticed before (See 11th Clinic 5th Case) introduced. The condition of the eye, as described when first seen, is unimproved.

Remarks.

When I first saw this case, the cornea was discharged. — The discharge of the aqueous humor of the eye, is not, as many suppose necessarily fatal to the organ, — it is not organized and will readily be restored. I have sometimes lost the whole of it, when performing surgical operations upon the eye, and it has been recovered again soon after. But when the vitreous humor is lost part of the Hyaloid membrane is lost with it, and it is never restored. This disease, as I have remarked to you before, almost always disorganizes the eye, even under the best of treatment. What might be done in the beginning of such cases, I know not

would be of very little service although attended with such good results in inflammation of the fibrous structures of the eye. Nevertheless, if the pain be severe, we might take blood from the arm, but what I prefer is the application of leeches to the orifices of the nostrils. You are well aware, that the mucous membrane of the nares is continuous with that which lines the eyelids. I have seen the most beneficial results follow the application of leeches at the point I have mentioned. I prefer it to applying them upon the eyelids or temples. After the application of leeches, wash out the matter frequently, and touch the eye with a strong solution of nitrate of silver, or with a camel's hair pencil previously rubbed upon the solid stick. Then we might use the watery solution of Opium applied externally. Mercury is beneficial when the inflammation threatens the fibrous structures. — This disease is the same as the purulent ophthalmia of children which for some reason or other is more manageable. — In this case we can do nothing but touch the ulcerated surface with nitrate of silver, take care

of the other eye.

4th Case. Stricture of Urethra.

An old man brought in, suffering with chronic stricture of the urethra. Tried two medium sized catheters both of which were too large to pass, then inserted a smaller gum instrument, and withdrawing the urine an inch, allowed the extremity to seek the passage, after which a large quantity of urine was drawn off.

Remarks.

In endeavouring to pass the catheter in cases of stricture, always take a medium sized silver instrument first, to discover the seat and nature of the stricture. Sometimes, sad mistakes are made in using small catheters in the beginning, the point of which gets entangled in the follicles of the mucous membrane, and a stricture is in consequence thought to exist where there is none at all. An instance of this kind came under my observation in a man who had been treated for a supposed stricture by a very eminent practitioner of Philadelphia.

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When he applied to me, I undertook to examine the state of the parts with such an instrument as I have advised you to employ, and he resisted, stating that it was impossible such an instrument could enter, when one of much smaller size could not be passed. I insisted, however, and to my great astonishment, as well as to the patient's own surprise, it slipped in without any difficulty. The man had no stricture at all, but was labouring under some irritability of the bladder. The mistake made by his physician was in using a sharp pointed bougie, which became entangled in the follicles.

(Dr Smith being called to the Country, there was no Clinic on Saturday December 10th.)

Seventeenth Clinic Wednesday Dec. 14th 1853.

1st Case. "Spurious Cataract".

A man introduced, who gave the following account of himself, in reply to questions as to his Marbles. Blind in one of his eyes for many years.

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does not know how that blindness originated; received an injury of the eye, which caused him some pain for a day or two, and then got well. But subsequently the sight began to fail, and by degrees left the eye entirely. Last Spring a year, whilst engaged in working in a furnace where he was compelled to be constantly working with a very bright fire, he lost the sight of the other eye. Has never had Syphilis — never been subject to Rheumatism. The pupil is partially closed, & irregular and filled up behind by a white speck. Can see a lighted candle passed before the eye.

Remarks

Here is a case of Spurious Cataract, resulting from inflammation of the iris. Of all the fibrous structures of the eye, the Iris is particularly liable to inflammation. — I have asked him if he has ever had Syphilis; — according to my experience, nine out of every ten cases of Iritis, are of Syphilitic origin. Nevertheless, it is not uncommon to find it resulting from other causes, and the nature of this man's employment is sufficient to account for it here. The

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asserts that he has been compelled to be almost constantly looking into a very bright fire, which has produced a slow chronic Inflammation. He says also that he can see the lights, hence we conclude that the Retina has suffered no lesion, but that the lens and iris are principally involved. Adhesions have taken place between the iris and anterior side of the lens. — It is an unfavorable case for an operation, but yet it is one attended with precisely those circumstances mentioned to you in a former lecture, which can alone justify an operation. If he be allowed to continue as he is he will soon become stone blind. The sight of the other eye is already destroyed, and we must therefore do what we can to restore vision to this one. We will not operate however until our next Clinic, & the patient may in the mean time take Hyo. Pr. with Sp. if three times a day and have the Belladonna ointment applied around the Eye.

Seventh Clinic Wednesday Dec 14th 1853.

2nd Case. Exhibited to the Class an old Gentleman whom he had been treating in private practice, for Chronic inflammation of the Conjunctiva, and upon whom it was necessary to perform the operation for entropion.

Remarks.

Here is a case of Chronic Ophthalmia which I have been treating in private practice. I had made use of the remedies which I have so frequently recommended to you, viz Nitrate of Silver & Sulphate of Copper, but their action was defeated by one circumstance, and that was the Entropion which existed. A pelula was spreading over the Cornea in spite of my efforts, when I discovered that the eyelid was turned in, & the eyelashes kept up a constant irritation with Conjunctiva. You have seen Entropion which is the turning out of the eyelid, and you know that we perform an operation for the cure of it. This teaches us a very instructive lesson, which is that we may relieve the opposite condition of Entropion also by an operation. I accordingly made 4 Stitches across and cut it out since which time the eye has steadily improved

Seventeenth Clinic Wednesday Dec. 14th 1853

3rd Case. Negro boy with incomplete external fistula in ano, operated upon before (See 9th Clinic 3rd Case) introduced. The wound made at the last operation entirely healed except one small opening of nearly the same size originally presented, through which pus continues to be discharged. To day a free incision was made through the opening into a large abscess, which was found to exist near the Tuber Ischii, and a considerable quantity of fœtid pus let out.

Remarks.

A similar abscess generally follows the course of the Psoas muscle and comes out upon the thigh, but at other times it descends and points near the anus. This may be the case here from the difficulty of cure, but it is more probably connected with a diseased condition of the tuberosity of the Ischium.

4th Case. Negro boy with caries of the bones of the carpus (See Clinic 2nd Case 4th Case) Laughton. The fistulous orifice still discharging upon the back of the wrist. Removed one of the carpal bones which

was found to be necrosed.

Remarks.

Here we have ulceration of the cartilages, and perhaps necrosis to some extent. The dead bone which I find to be present, must be removed; it acts as a foreign substance, & indeed a fragment of stone occupying its place would not be so injurious as the putrid bone. There is no alternative but to remove the decayed bone or to amputate the wrist. We may yet be compelled to amputate, but not until we have made every effort to save so important a member.

5th Case. The negro boy with intolerable suffering & pain necrosis of the Femur (See 13th Clinic 2nd Case) bought in the pain and tenderness continued of. [illegible] pressed. Orders to be discharged from the house

Remarks.

The leg which was the seat of the necrosis, is not any longer than the other. I have seen a limb elongated nearly [illegible] inches by the hypertrophy consequent upon the callus thrown out in cases of this kind. The pain and tenderness

for which this boy was sent here, have disappeared & he may now be pronounced well. If the pain should recur, let the part be blistered and kept in repose, and let him have at the same time the Syrup of the Iodide of Iron (Ph.) & to do. His diet should be plain & nourishing — animal food once a day, bread & mash and milk. Necrosis is common where scrofula prevails. Rachitic mark marks as before tells you, in pronouncing it white swelling.

6th Case. Irishman with opacity of cornea after purulent Ophthalmia (See 15th Clinic 5th Case) — brought in. This patient was supplied on the tablets since last seen with benefit to the eyes, and to day it was ordered to be repeated & to continue the Sulphate of Copper.

Remarks.

This patient is slowly improving. Ordered now 2 to be supplied on the tablets since last seen he is fearful of the Class, and it has been attended with a marked benefit, that I have ordered it to be repeated.

If you look at the Cornea in some of these cases you will find a roughness or a deposit, which

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produces an irregular refraction of light. In this instance it is only the conjunctiva covering the cornea that is affected.

4th Case. The sloughing ulcer of the leg seen before (in the preceding Clinics) again exhibited to the Class. It now presents the appearance of a simple ulcer with healthy granulations, and evidences of cicatrization around all its edges. Ordered a stimulate with bichloride wash, and continue former treatment. Also the Cod Liver Oil & Syr Ale for thoracic complaint

Remarks

Every thing is progressing here, so far as the ulcer for the leg is concerned, well. This man seems to have some disease of the lungs, and in these cases it would be improper to stop at once a very great drain to which the system has become habituated. There is no danger of that here however, for the ulcer might be cured in one third its present size without being attended with any bad result.

Eighteenth Clinic Saturday December 17th 1853.

1st Case. Operation for Strabismus Convergens.

A boy about 12 years of age in the house, with slight internal Strabismus of both eyes, the deformity having existed from the 2nd year of his age. Divided the internal rectus muscle of the left eye, and some of the other eye, as a trial of exercise to the eye after which the operation had been performed.

Remarks.

You saw me operate for Strabismus once before during the present session (See 3rd Clinic 1st Case). In that case the operation was entirely successful. This is a second instance of precisely the same deformity upon which I am doing to perform a similar operation. It was difficult some days ago to determine which eye was the more distorted; the boy squints equally with both eyes. Division of the muscle on one side is usually sufficient, when the convergence is no greater than in the present instance. I have performed this operation more than a hundred times and have never seen the result, except in one single instance in which it was attended with more deformity than before the operation.

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When the cause of the unfortunate issue was in that case, I detailed to you when I last operated for the disease. —

— After the operation which I have just performed, you very frequently find a little distortion remain for some time, — this is due to the effort on the part of the organ, to retain the position to which it has become accustomed. — We very rarely destroy the ability to turn the Eye inwards. — It is not likely we will have to do it upon the other Eye but of that, of course, we cannot be certain. Generally, no inflammation of any kind follows the operation. Some years ago, when the subcutaneous section of the muscle was performed, that is, by merely puncturing the conjunctiva, (just as we puncture the skin in the operation for cataract) the result was that although the muscle might be severed, the consequent ecchymosis was always so great, that it was never unattended with a great deal of inconvenience and alarm, to the patient and his friends. The first method is to make a free incision of the conjunctiva, there is as little danger, the inflammation is slight and no trace of the wound will subsequently be seen.

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Nevertheless there will always be a notch appearance of the eye, at the point where the operation has been performed, and the globe will look a little less rotundi-ious, but it can only be observed by very close inspection. It is proper to remind you, that not unfrequently, about ten days after the operation, you will see a little nodule, about the size of a duck shot, looking like an excrescence, appear at the point where the incision has been made. You should remind the friends of the patient, of the probability of such an appearance, that they may not be alarmed at it;— It is the extremity of the tendon of the muscle which has been severed; the anterior portion remains loose, circulates and assumes the appearance of flesh again. It will usually drop off of itself, or may be twisted off with the finger, or cut off.

2nd Case. Operation for Squinting Outward
(See 17th Clinic 1st Case)

The Negro man, the history of whose case was given in the account of the last clinic, was brought in for

Eighteenth Clinic Saturday Dec. 1st 1853.

operation. The needle was passed through the cataract, part of it depressed, and part passed into the anterior chamber, and the adhesions broken up. Ordered to apply 1 Belladonna and keep the patient in a dark room. If inflammation arise, Blisters to the temples and Mercury internally in divided doses.

Remarks.

I have remarked to you before, that spurious cataracts or those which result from inflammation, and traumatic or those which are caused by injury, are always the most unfavorable cases for operation, for in such the lens is always attached to the iris, and we are therefore compelled in the first place to detach the cataract from the margin of the iris, and then to contend with the inflammation which so frequently results. — I advise persons of this kind, I begin keeping the patients in dark rooms to the bandaging of their eyes in every case in the fact under it not and increases inflammation.

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3rd Case. A sailor was brought in, with his left leg very much swollen. The veins of the limb were not enlarged and the tumefaction was unaccompanied by pain or preternatural redness. Has had Syphilis three or four times, for which he took Mercury. When he entered the house three or four days ago, had symptoms of incipient Delirium Tremens. Ordered Hd. Potassæ fort. & to dress bandage the affected limb.

Remarks.

I call your attention to the particular appearance of this limb. There are no varicose veins, but still it is livid, and this is due to the presence of water in the cellular tissue. The femoral glands (and these are not the glands, you are aware, that are concerned in bubo) of both groins are swollen. How then are we to account for the tumefaction of the leg. Why, you see, this means lymphatic system has been poisoned as well by the Syphilis which he has so frequently had, as by the injudicious use of Mercury which he employed for the cure. The constitution has moreover been exhausted by pain.

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This condition resembles the "Milk leg" of females, the essence of the disease is the same, and its specific character is very probably the same; that is to say, a chronic inflammation of the lymphatic vessels and glands. There is every indication for the employment of Iodide of Potass. It is the best sorbefacient we possess when inflammatory exist in the lymphatic system for these are speedily overcome by it and as the improper use of Mercury has been at the foundation of the disease, it is also an antidote for the poisonous effects of that drug.

4th Case. "Sloughing ulcer"

(See 15th Clinic 1st Case Oct. Seq.)

The negro with sloughing ulcer of the leg, whose case has been noticed before, bought in a exhibit the progress to the close. Cicatrization continues; healthy granulations over the surface, bright pus = ists and dulness over left chest. Dressed the ulcer with Arg. Nitras, and shortly bandaged the leg. Cod liver oil internally.

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Remarks.

I want you to observe the progress of this case. When we first saw it, it had a most forbidding appearance, looking like 'fungus hæmatodes', but I explained to you at that time, the circumstances which determined its character as a simple ulcer. You observe a deep pit near the middle of the sore — that is where the bone was exposed which has exfoliated and come away. Now you see what you did not notice in the case we have just dismissed, a vascular condition of the sores owing to an increased circulation in the part; while the tumefaction in the patient now before us, is not so great as in the other, for the absorbents are not concerned in this disease. — Ignorant people and quacks have a foolish notion about proud flesh, as they call it. They are eternally applying escharotics even to healthy granulations, because they see a little above the surface. — Nitrate of silver does not burn away, — I do not regard it as an escharotic, it only acts on the surface. — The tissue, little

is 100 in the minute but this hurry is not over-ruled for by the condition of the heart, which, being remarkably full in spite of the constitutional disturbance. It is surprising how the process of separation will go on in Phthisis. I once operated upon a patient far gone in consumption for stone in the bladder, and the patient got sufficiently well of the operation in 3 weeks to leave the house.

5th Case "Orchitis"

(See 15th Clinic 5th Case)

Sailor, seen before, brought in. Swelling somewhat subsided; turning from in making water and slight discharge from urethra. Ordered to continue treatment.

Remarks.

The inflammation in Gonorrhoea is generally confined to the anterior portion of the urethra. But there can be no doubt that it is frequently found to retrocede along the canal, by the want of proper precaution in using injections. At the

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will not go back unless you force it, and it ought always to be washed out by discharging the urine previously to using injections. But if, neglecting this precaution, the patient injects while the water is in the canal, it is driven quite back to the prostate gland, and orifices of the seminal ducts, & I never neglect to impress upon the patients whom I am treating for Gonorrhoea, the necessity of discharging the water before using injections.

Fourteenth Clinic Wednesday Dec. 21st 1853.

1st Case. "Incomplete Internal Fistula in Ano".

A man brought in with an abscess of the Rectum communicating by a small orifice with the rectum. It pointing externally but very distinct fluctuation. Made a free incision into the tumor, which discharged a very large quantity of fetid pus. Ordered to apply poultices.

Remarks.

I have made a large opening into the abscess for a small one would have been of no service

whatever. There was a large quantity of matter which was situated in the loose cellular tissue above the sphincter muscle. If it had been opened earlier, as it should have been, this extensive sloughing would not have taken place. In all such cases, it is necessary to anticipate what nature seeks, and let out the matter. It will now in all probability close without further trouble, although we may yet be compelled to perform the operation for fistula.

2nd Case. "Fracture of the Cranium."

A man introduced, who had entered the hospital three days previously on account of a wound inflicted upon the head by a fragment of rock while engaged in blasting. An examination of the injury which was situated at the upper part of the forehead in the median line, discovered a fracture of the bone. There were slight symptoms of compression, perceptible a day after the patient coming into the house for which he was bled, had purgatives administered and a poultice applied to the wound. The scalp

wound has since been kept open, and he is now doing well and was able to walk into the theatre unassisted.

Remarks.

This is an interesting case of fracture of the cranium. Generally speaking, patients who have suffered an injury of this kind, cannot be moved about, but it is not always the case as this instance sufficiently illustrates. Some years ago, I attended a man, whose skull was fractured by the falling of a rock upon his head, while he was working at the bottom of a well, producing an egg shell fracture, somewhat analogous to what we find here, and yet after the infliction of the injury he was able to climb up a rope ladder twenty feet. I feel the bone here through the external wound very distinctly, and discover a slight depression. We do not always trephine where there is slight depression, but only when the symptoms demand it, or when there is such a state of things as to lead us to anticipate the occurrence of such symptoms. There is nothing remarkable in the further view, and to show the skull under such

circumstances and expose the membranes of the brain to the action of the atmosphere, would be highly dangerous and unjustifiable. If we found the part becoming spongy, and irritative fever setting in, we might suspect the presence of pus underneath, and an operation would be necessary, as it was in a case I attended some time ago, in which a lock of hair had got in the wound, with a hot skin, laboring pulse, and slight delirium. Here there are none of these untoward symptoms, and no operation is necessary. The fracture is situated at the upper part of the frontal sinus, where the two tables of the skull recede from each other, and where there is either a cavity, or a greater abundance of diploe. The fracture might be confined to the external table without involving the internal at all, but the resident physician of the house, Dr Dunkins, distinctly saw the pulsations of the vessels of the brain, which leave no doubt of the fracture extending entirely through. In such cases, where the bone is broken completely through, the inner

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table suffers a greater amount of injury than the external, on account of its being more brittle and because the force radiates in passing through the diploe.

3rd Case. A man brought in with a tumor in the right iliac region, above Poupart's ligament. Hurt his thigh nine days ago, but suffered very little from it. The swelling began about three days ago, and has now the appearance & feeling of a hard tumor about the size of the closed fist. The belly was not injured at the time the thigh was bruised. Ordered apply poultices to tumor & keep the patient in the recumbent posture. Take over lower part of spine to be followed by an issue.

Remarks.

The existence of this tumor, its position and the circumstances of the case have led me to examine the condition of the patient's spine because in caries or ulceration about the spine or its appendages the matter is

liable to follow the course of the muscles, and abscess here or upon the thigh. Here, to my eye there is some obvious deformity of the spine. However, let us not pronounce too hastily. The incurvation which you perceive to exist, might arise from the unequal action of the muscles, in consequence of the existence of the tumor. Still there is more distortion than is accounted for by that supposition. My opinion is, that the tumor is not the result of the injury which was inflicted upon the thigh, but that it is a lumbar abscess, connected with disease of the spinal column. We will therefore keep him in the recumbent posture, cup him over the spine and afterwards apply an issue to produce the tumor. In the cases of children I seldom apply cups, but in adults I often do, and with considerable benefit. This is a case of very great interest. One very similar to it came under my observation shortly after I began the practice of medicine, in the case of a man who had an abscess under the angle of the scapula, which was regarded by those who had charge of it as

a simple abscess, and opened accordingly. It closed and was opened a second time; - caustics were applied to its edges but the same result ensued. When I saw it I concluded it was an abscess in the part but not of the part, and proceeded to examine the spinal column, when I found one of the lower cervical vertebrae, unusually prominent, with considerable tenderness on pressure above it. I probed the abscess and found the instrument to penetrate in the direction of the vertebra. I therefore ordered him to be kept quiet, and directed my remedies to the disease of the spine, and the patient entirely recovered.

4th Case. The negro man operated upon at the last Clinic for Spurious Cataract (See 18th Clinic 2nd Case) brought in. Pupil dilated by Belladonna but says he cannot see any light. Ordered Opt. Morphia gr. ½; Tar. Emetic gr. 1/8, in pills 3 times a day, with Stramon. ext. & Ext. of Belladon. around the Eye.

Remarks.

This was a very unfavorable case for the success of

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the operation was performed, and the condition of the eye renders the operation of extraction impracticable — I found it impossible to detach the cataract from the Iris altogether — The Belladonna has dilated the pupil half as large again as it was, and no inflammation of any kind has occurred. We will treat the patient with Mercury to produce absorption and continue the use of the Belladonna — & I do not doubt that he will be able to improve his vision somewhat, at least.

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1st Case. "Fracture of the Cranium."

(See 19th Clinic 2nd Case.)

This patient whose case was detailed in the report of the last Clinic, brought in to be examined before the Class. Pulse natural, mind clear, external wound cicatrizing. The patients eyes have passed from the time of his entrance into the house, a drowsy appearance which still continues. Passed a probe through the external wound, which penetrates

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to the depth of an inch and a half from the external surface. Ordered, to be kept perfectly quiet, with simple diet, and a purgative to be administered whenever his bowels have not been moved within the twenty four hours.

Remarks.

When I first saw this patient, he presented none of those symptoms which can alone justify an operation, nor indeed has he manifested any of them since he entered the house, and I therefore determined not to operate. Perhaps if I had seen him at the time the injury was first inflicted, my decision would have been different. There is present, in this case, considerable depression. The injury he sustained is that known among surgeons as the egg shell fracture. There are three forms of fracture of the Cranium, viz. the stellate, the egg shell, and the fissured. The stellate is when several fractures radiate from the point at which the injury is inflicted, in the same manner that a pane of glass is made to crack in different

directions by a marble thrown against it. The egg shell fracture is one in which the bone is comminuted, or broken into several small pieces. The fissured fracture which is usually the result of the counter stroke, and is seated in the base of the skull, is always dangerous, even when unaccompanied by any depression. It is usually produced by a fall upon the head from a considerable height, and even if the fall be upon the turf itself it is sufficient to occasion it. It is always accompanied by concussion of the brain, and it was by such an accident that the late heir apparent to the French throne, the duke of Orleans, met his untimely fate. — In the case before us, there are none of the ordinary symptoms of compression of the brain, nor of concussion. It was probably a small fragment of rock that inflicted the injury. — You observe the distance to which I pass the probe; it unquestionably passes into the membranes. We shall meddle with the wound as little as possible. I touch a small piece of bone which is evidently

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detached, as I can perceive by tapping it with the end of the probe, by a sensation communicated to the hand, not easy to be described, but which differs essentially from that produced by tapping upon the other parts of the bone. It seems to me, that not only have both tables of the skull been fractured, but the membranes have been ruptured. This man is by no means out of danger yet; - any error of diet, or any exposure might be attended with fatal results. It is best to do nothing at present. Give him a simple diet, bread, toast, keep his bowels open as I have directed, and watch closely for any threatening symptoms. That as this case seems to be, a mere fissure from the contre shot would be more dangerous.

2nd Case "Operation for Strabismus."

The boy upon whose left eye this operation had been performed (See 17th Clinic 1st Case) brought in. The right eye still continuing to be inclined inwards, a similar operation was performed upon it as well as the

time of leaving the theatre, no perceptible deformity remained in either eye.

Remarks.

We operated upon this little fellow, a short time ago, and in that operation divided every shred of muscle, that could have a tendency to draw the organ inwards, and with perfect success as you perceive, so far as that eye was concerned. But, as I told you then, both eyes generally participate in the deformity and although an operation upon one of them is generally sufficient, when the divergence is not very great, it is not always successful, and we are compelled to operate upon both as we have been here.

3rd Case. "Gun Shot wound".

A man brought in, the history of whose case is as follows. On Saturday Dec. 31st ult. while shooting ducks, leaned over the edge of a bridge to receive a gun from the hands of a companion who was passing under in a small boat. Grasping the weapon by the muzzle, he was drawing it towards

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when the cock struck against an abutment and the gun was discharged, the whole load entering the Pectoralis Major muscle of the right side about an inch and a half from its outer edge, through the axilla between the integument and shoulder joint, and penetrating the scapula was lodged in a mass beneath the skin covering that bone. Profuse hemorrhage occurred at the time, which had ceased an hour afterwards when he was brought into the Infirmary. There were no evidences of fracture of the Humerus — the pulse at the right wrist scarcely perceptible, and sensation & power of motion in limb lost. The wound was dressed with poultices & to day in the presence of the class, an incision 2½ inches long was made over the scapula, & the shot, wadding of the gun particles of the patients dress and fragments of the bone extracted. Ordered poultices to be applied to both wounds.

Remarks.

Here is a gunshot wound, inflicted in the manner which I described to you, when delivering a few

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this subject, and which is so common a cause of these injuries, since the introduction of the percussion gun into use. I have been called upon at least one hundred times I am sure, to treat accidents occurring in precisely the same manner that this has happened & have frequently been compelled to amputate the right arm which is most frequently shattered. — The Humerus is not broken, but the load has passed right through the broad part of the scapula, fragments of which I have extracted. Had we permitted the shot, with the mass of other foreign substances to remain where they were lodged, gangrene would have been the inevitable result. The seat of the injury here is the axilla is crossed by very many important nerves and blood vessels the precise degree of injury to which, we are not able at once to determine. That the nerves have been lacerated or destroyed, is evident enough from the absence of sensation and power of motion in the limb. The axillary artery too must have been wounded for the hemorrhage which is said to have occurred

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at the time, the direction of the wound and the small-ness of the pulse at the wrist. He has survived the danger of the primary hemorrhage, the nervous shock, and now the peril is from irritative fever, gangrene and secondary hemorrhage. We have certainly much improved his chance of escape, by removing this fœtid mass of shot, rags &c. There is danger also of Tetanus. I knew a gentleman who received a load of bird shot in his shoulder, which were afterwards extracted but tetanus supervened and he died.

4th Case. "Sloughing Ulcer."
(See previous Clinics.)

This patient whose case was noticed in the 15th and succeeding clinical reports was again exhibited to the class. The ulcer continues to look well with healthy advancing from the edges. Ordered to continue Dick's ride wash and bandages.

Remarks.

You recollect the horrid pain of this ulcer when we first

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saw it, and the heavy fungus covering it, which we destroyed. We have since been treating the sore with stimulating lotions and applying bandages. The cicatrization has not taken place very rapidly as the circulation of the limb has been so much disturbed. If we could see the bone underneath, no doubt we would find it spongy and reticulated, because the ulcer has affected the periosteum, and the bone has been morbidly nourished.

5th Case. Caries of Carpus.

(See 3rd Clinic 10th Case 4th Seq.)

Appearance of the wrist improved, still discharging. Extracted 5 or 6 small fragments of bone one of which was pronounced to be a portion of the extremity of the Radius.

Remarks.

If this boy should recover, of course it will be with anchylosis of the joint. What we have done in this case amounts to a resection of the articulation, taking out a portion of the lower end of the Radius

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and some of the carpal bones.

6th Case "Lumbar Abscess."

(See 19th Clinic 3rd Case)

Condition of the patient much the same as when last seen. Cough have another issue attached to the spine.

Remarks.

In this case we concluded that the injury of the leg had nothing to do with the tumor. As he stands before you, you perceive a manifest distortion of the spinal column. The disease is situated in the lower part of the Dorsal region. You observe also a bulging out of the ribs upon the right side, this is due to a change in the curvature of the spine to which the ribs are attached. This malposition of the ribs is not unfrequently seen in girls from 12 to 20 years of age, in whom it is more frequently due to unequal action of the muscles than to caries.

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Twenty First Clinic Wednesday Jany 11th 1854

1st Case. Fracture of Skull.

(See 19th & 20th Clinics)

This patient was again brought in to exhibit to the class. Says he suffers no pain of any kind; sees well, hears well and has no bad feelings in arms or legs. External wound still open. Passed the probe again to the distance of fully two inches from the external surface. Ordered to be kept perfectly quiet and continue treatment prescribed at last Clinic.

Remarks.

We have had no occasion to perform any operation in this case yet, because no symptoms have arisen demanding our interference. Observe the distance to which the probe penetrates! This is extraordinary! It is to be presumed that the membranes are depressed, and not ruptured as I feared they were when I examined this patient last. The mode in which depression acts injuriously, is by interrupting the circulation within the cranium. The skull you see is filled up with the substance of the brain and the blood circulating through it. The capacity for the

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the brain so as to make it occupy less space than it does, any more than you can compress a bladder filled with water. How then is it that we see a depression of considerable size often made in the skull if the brain cannot be compressed? Why it squeezes the blood out of the brain, or hinders its entrance into it, and if you extract the blood from it you can compress it to one fourth the volume it occupies in its normal condition. When this compression interrupts the circulation, the functions of the brain are of course suspended. It is to this interruption of the circulation of the brain that the phenomena of fainting are due. — Mechanical pressure also aids in producing the comatose condition, and this enables us to account for the fact that different degrees of compression produce different results. Again, the same degree of compression will be attended with dissimilar results in different individuals, for some have more blood than others, and the age of the patient also modifies the effect. There is no circumstance

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we have to dread in this case if, rupture of the membranes has taken place, and that is Hernia Cerebri. This accident is produced in this way, — the strong pulsations of the vessels propel the brain against the aperture, and continuing to act force it out. If, for example, you take the dead subject, trepan it, and cut out a piece of the Dura mater, then inject the vessels of the brain, you will cause the cerebral substance to protrude through the opening made by the trepane & produce true Hernia Cerebri. Now the pulsations of the vessels produces precisely the same effect upon the living subject when the membranes are ruptured, that the syringe will effect upon the dead. — I see no reason here to do anything and we will accordingly await the effects of nature.

2nd Case Amputation of Toe.

A sailor introduced, who had had his toe crushed by the falling of a heavy stone when it was

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weeks previously. Part of the bone had been destroyed by the accident, leaving the remainder with a very sharp ragged edge. — Made an incision upon the outside (preserving all the integument) down to the metatarso-phalangeal articulation and a similar incision upon the inside down to the same point, divided the ligaments and took out the bone. Very little hemorrhage ensued. Applied adhesive strips to draw together the integuments of the opposite sides.

Remarks.

The reason I amputate in this case, is that the integument as you perceive has been destroyed to a considerable extent, and it will be months before cicatrization takes place and even then it will be liable to fall into ulceration again from very slight causes. The sharp edges of the bone too will be a constant source of annoyance to him, and I therefore deem it expedient to remove it at the joint preserving however all the integument. — If I had my choice between the operations I would either amputate the thigh or perform Syme's, than

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amputate the toe for I believe it is a more troublesome operation simple as it may seem. — We almost always remove the toes at the joint, because it is inconvenient to use the saw upon bones so small as these, and there is nothing to be gained by saving so small a fragment.

3rd Case. "Operation for Ranula."

A negro woman brought in with a tumor situated under her tongue. — Caught the upper surface with the tenaculum and drawing it up as a neck, it conical cut off the apex, — that is, as it is closed an aperture was left, circular and about half an inch in diameter, discharged about an ounce of transparent viscid matter resembling honey. Injected to parts with a strong decoction of green tea.

Remarks.

The submaxillary, sublingual and parotid glands all open into the mouth. Sometimes the duct of one or other of these glands becomes closed, and the secretory becomes converted into a sac, resembling

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the throat of a frog when it is distended with air, and hence the name of ranula which is applied to this tumor: Generally, they are situated beneath the tongue but any part of the mucous membrane of the mouth may be the seat of them, because there is a vast number of mucous follicles scattered through it each of them having an orifice the closure of which by disease, will produce just such a result. In this patients case, it is situated in the duct of the sub-lingual gland. They are sometimes diaphanous and contain a substance like honey which you will find to run from this when I cut it. Those tumors which form upon the external surface of the body, the nature of which I explained to you on a former occasion (See 14th Clinic 2d Case) and which are also caused by obstructions in their excretory ducts, contain a semi solid, glairy and white substance like suet because their contents will depend upon the character of the secretion in the mouth it is mucus which gives the cream appearance of these cysts found. They are

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we to cure these tumors in the mouth? There are various methods practiced, and many of them are ineffectual. The seton is sometimes used. A silk thread is passed through the cyst, the orifice enlarges, the contents are discharged and the walls collapse. This plan is not always successful. Another mode is to dissect out the whole of the cyst. This is very painful and not always necessary. The method I adopt, is that which you have just seen me practice; that is, to hook up the cyst, make it conical and cut off the end. The fluid is discharged at once, the aperture expands and does not close again, but becomes the opening of the gland. A gargle of green tea made about twice as strong as what is usually employed in drinking, is the best astringent you can use in this case.

4th Case. Corneal & Sclerotic Staphyloma.

A young woman about 18 years of age entered the house while the Clinic was going on in

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was brought into the theatre at once, to be examined before the class. Lost the sight of her left eye thirteen months ago, after a severe attack of cold. The globe of the eye is prominent, the pupil obliterated, the cornea opaque and white, with the iris adhering to it. Can see a candle passed before the eye. Suffers pain in the organ and around the orbit.

Remarks.

This eye has been disorganized by cold, and we have here corneal and sclerotic staphyloma. I am under the necessity of passing an unfavorable opinion in regard to the issue of this case. It is impossible to do anything for it. If no sight existed in the other eye, it would be justifiable to endeavour to restore a degree of vision to this by making an artificial pupil, as there is still sensibility of the optic nerve remaining. It is in this power, to a very delicate operation, and not always successful. The patient complains of pain in the organ — we have therefore another circumstance to take into consideration, which is the sympathy of

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discharging the contents of the eye. I have wholly let out the contents of the chambers, and in other cases cut off the staphyloma to a level with the Iris, but where there is constant pain and the health of the other eye is threatened, it is proper to discharge the humors. For the present, in this case, I advise the use of Counter irritation by the application of Tartar Emetic ointment behind the ear. Let her avoid sewing at night, and take Saline aperients from time to time, but if the pain continue and inflammation arise, the contents of the eye ought to be discharged

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1st Case. "Fracture of Neck of Femur."

A Sailor who had entered the Infirmary for an injury about the hip, just received a year previously, came in for the purpose of establishing the diagnosis in the presence of the class. From the absence of the ordinary distinctive of the various dislocations and the absence of crepitus I was pronounced to be a fracture of the

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firmer and of too long standing to be benefited by treat-
-ment.

Remarks.

We have here an injured limb, let us see what it is. The patient walks lame. — The mode of walking can afford us no positive evidence of the nature of the injury though it is manifestly situated about the l'd limb. He sinks upon the limb in walking — the toes are turned out and the limb is a little shorter than the other. Let us, in the first place, determine what it is not, and this is sometimes the best mode of arriving at a satisfactory conclusion as to the nature of the injury. The limb is not any longer than the other, therefore it is not a dislocation upwards and forwards into the thyroid hole. I can feel the edge of the Os Pubis, and I discover no sign of the head of the bone there, which would be forming part of a case dislocated in that direction. Next, is it dislocated upwards upon the dorsum ilii? No because the position and length of the limb are both different from what we always find in

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characteristic of that dislocation. It is dislocated back-wards into the Sciatic notch. It is turned out instead of being turned in, which would be the case in that dislocation. I can rotate the limb inwards & outwards and this could not be done in any of the dislocations. As the patient stands before us, the limb which is the seat of the injury, appears a little longer than the other, but this is due to the tilting of the Pelvis upon that side as is manifest to you when I thus place a finger upon each of the anterior, superior Spinous Processes of the Ossa Ilii. I can measure the parts with the tape. Now you see there is a space of five inches between the great trochanter and the ant. Sup. Spinous process on the uninjured side while it is only 3½ inches between the two corresponding points on the injured side, where we also find the great trochanter nearly in a line with the Sup. Spin. process. Now place the patient upon his back. You see here again by the tape, that the limb is obviously shorter by about an inch, for the length of line which reaches to the ant.

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side from the most prominent point of the Anterior Sup. Spin. process to the bottom of the vertical patella, reaches very little below the top of the patella when applied to the other side. We have now determined three things, viz that it is not a dislocation upon the Dorsum, nor into the Thyroid hole, nor upon the Pubis. It makes possible a dislocation into the Sciatic notch with some subsequent change in the position of the head. But this cannot be, for here we have the trochanter drawn forward and nearly on a level with the Ant. Sup. Spinous process whereas if it were a dislocation into the Sciatic notch, the trochanter would be behind its natural position. In addition to these circumstances, I feel very distinct crepitus. It is a fracture of the neck of the femur. The patient says he does not know how it fell; — very probably it was upon the trochanter and the fracture may be due to fracture into the neck driving down into the cancellated structure of the head like a nail into a board and the

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limb be in consequence shortened. We can do nothing here towards repairing the injury. Ligamentous union has taken place and the limb will get stronger by degrees. If he had been kept in an abduction such as we are in the habit of using in this house, at the time the injury first happened it is not at all unlikely that union would have taken place. The question as to whether union will take place within the capsule of the joint is long since settled in the affirmative. I related to you on a former occasion a case illustrative of this, treated by Professor Gilling of South Carolina, who made use of our appliances in the management of it when the subsequent death of the patient from some other cause affording an opportunity of a post mortem examination, placed the fact of union within the capsule beyond the shadow of a doubt.

2nd Case "Fracture of the Nose"

An Irishman 35 years of age. Was doing a day's work of ale. In a flight of steps leading from a cellar

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when he slipped and fell backwards, the barrel rolling upon him and inflicting an injury upon his face. The accident happened two weeks ago. An abscess formed upon the cheek which was opened. Present condition:- cheek very much tumefied and hard to the feel; nose somewhat bent to the opposite side, expectorates purulent matter mixed with blood; some ecchymosis about the eyes. Ordered a purgative and poultice to side of face.

Remarks.

Here you perceive a manifest distortion of the nose which might be attributable to the tumefaction, but by feeling the organ, I find that the cartilage is detached and the separated serrated edges of the nasal bones are perceptible to the touch. There, too, is hardness felt on the cheek where the abscess has been opened, which would have to prevail if the injury had been confined to the soft parts, which it undoubtedly is not and the cheek bone, as well as the bones of the nose, is injured; but to what extent they are implicated it is

difficult at present to say. It is not unlikely that there is a fracture extending into the antrum, and the pus and blood he expectorates may probably come from that cavity. I should not be surprised, too, if there is necrosis of some small fragments of bone. At present there is no active treatment to be employed and we can only promote the discharge of the purulent matter. — Injuries about the face are rapidly repaired; fractures of the bones soon unite. If a fracture of the bones of the nose is seen soon after the infliction of the injury you should try by all means, to restore the parts to their natural position; but this is sometimes a difficult task. I saw a gentleman once whose nose a very prominent one, was flattened to the side of his face by a blow with the fist of another with whom he had an altercation. Efforts had been made by those who were first called, to replace it, but I imagine they were reluctant to use much force. When he visited me, I determined to restore the position of the nose, now I rendered the

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fracture more complete in my efforts. I accordingly placed my patients head against the wall, had an assistant to hold it there and applying my thumb to the side of the organ, succeeded in replacing it, although it required the utmost strength I was capable of exerting. In doing this, however, the two sides of the nose were pressed completely together, I then took a female catheter, and inserting it into the nostrils, was enable to restore it perfectly, so that no deformity whatever was afterwards perceptible.

3rd Case. "Mucous Papules."

A man brought in to exhibit this form of syphilis to the class. On each side of the anus, is an irregular row of different sized warts, the result of syphilis. Ordered Pil Hydr. aij three times a day, and a wash to [illegible] Bichlor. ℥ss aqua ℥i

Remarks.

Here is one form of secondary syphilis, venereal

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Condylomata or warts. The patient has been sometime under treatment, and they are now disappearing. They are commonly attended with an offensive secretion copious & muco purulent, and a fetid odor. They occasionally appear upon the Glans Penis and upon the prepuce. They are the secondary effects of syphilis and are therefore properly treated with Mercury. For external application, I always use a Bichloride wash of the strength of 30 grains to the ounce, with which I direct the warts, and no other part, to be touched. This has the effect of a specific, and also acts as an escharotic. I give, at the same time, Mercury internally, to be stopped the moment his gums become decidedly touched. The patient should wash the parts after every evacuation, and place a slip of linen between the Nates. Upon the Glans are treated the same way, with an escharotic solution of Bichloride of Mercury, but if they become prominent, expand & spread out, take the scissors and clip them off, and then apply the wash.

Twenty Third Clinic Wednesday Jan.y 15th 1834.

1st Case. "Fracture of Cranium."

(See previous reports)

This patient whose case has been noticed before was brought in. His condition the same as heretofore presenting no symptoms of cerebral disturbance. After probing the wound, the external opening upon the scalp was enlarged by the knife, and five or six fragments of bone, which were pronounced to be portions of the internal table of the cranium extracted, with hairs adhering to one of them. Ordered to place a pledget of lint anointed with simple cerate into the wound and apply a poultice.

Remarks.

Here is our friend again with the comminuted fracture of the skull and exposure of the fragments. I did not see him for some days after the infliction of the injury, & had been told he was doing well. I think when it first occurred perhaps I would have deemed it expedient to remove the exposed bone, but I found him doing so well, suppuration

Twenty Third Clinic Wednesday Jan.y 18th 1854.

no symptoms whatever of compression, concussion or of cerebral inflammation, that I consider it would be more prudent to abstain from doing any thing. I have told you, that in an egg shell fracture, even when not accompanied by symptoms of compression, we are frequently justifiable in operating to anticipate the irritation which the particles of bone acting like foreign substances will inflict upon the brain. — With the probe I touch some pieces of bone apparently loose, detached, perhaps necrosed; the sooner they are removed the better. — In those fractures which I have exhibited, I have evidence of what I told you was very probably the case, when I first saw him, viz. that the skull was crushed. These pieces belonging to the internal table, are probably those from the vitreous table have dropped from the wound before. The pledget of lint which I have ordered to be inserted is to keep the wound clean and check suppuration if the membranes have been injured.

Twenty Third Clinic Wednesday Jany 18th 54

2nd Case. Chronic Ophthalmia - Operation for Entropion.

A man led in the history of whose case is as follows. Was a soldier in the U.S. army, and stationed at Fort Lebanon in the Indian Territory, one year & nine months ago, where his eyes first became sore after being exposed for a long time to the sun. Was attended by the Army Surgeon of the post but obtained no relief, and was subsequently discharged from the service on account of his affliction and returned to Cincinnati where he was attended by Prof. Evans of the Medical College in that city, and afterwards consulted Dr Mitchell of New Orleans, and Dr Sutton of New York from neither of whom he derived any benefit. Present Condition:— an opacity spread over the front of the eye so as to deprive him of sufficient vision to walk alone unassisted. The lower eyelids of each eye is seen upon close inspection to be inverted to such a degree as to bring the eyelashes in contact with the ball of the eye.— The operation for Entropion was performed upon the lower lids of both eyes, the integument being punched up with the end of a fine

Twenty Third Clinic Wednesday Jany 18th 1854.

the needle passed through and allowed to remain hanging it, until a piece of the skin was clipped off, then passed completely through bringing with it the ligature by which the edges of the wound were drawn together. Applied lint and dismissed him for the present.

Remarks.

I have brought this case before you to day, first, to illustrate to you of what vast importance it is, properly, to understand the cause of such a disease as this before you undertake its treatment. Here is a man, blind with chronic conjunctivitis who has been under the treatment of a large number of eminent medical practitioners without obtaining relief and who might have remained under their care, till doomsday with little or no if nothing more was done for him than the administering of those remedies which are found to be [illegible] in this disease, uncomplicated with any [illegible] accident as we find here. There is [illegible] in this case a degree of opacity, but no [illegible]

Twenty Third Clinic, Wednesday, Jany 15th 1851.

but a cause operating, sufficient to keep up the low inflammatory action, and until it is removed, nothing, I care not how useful or beneficial under other circumstances, will be of the slightest possible avail. The circumstance to which I allude, I have no doubt has escaped the attention of those whom he has consulted. This man is suffering from entropion of the lower lids of both eyes, and the eyelashes turned in are constantly irritating the conjunctiva, just as a mote or any other foreign substance would do. We can never hope to effect a cure, until we remedy this, and that is what we are going to do. How are we to accomplish it? There are two modes of operating. One is to pinch up a longitudinal fold of the integument of the eyelid — remove it with the scissors; which is most painful, attended with a great degree of disfiguration and not at all necessary for the cure, is to pare off the edge of the lid. The first is what I propose to do. — In translating with the knife and the needle, before making the incision, first,

Twenty Third Clinic, Wednesday January 11th 1854.

facilitates the operation. I have been compelled to place two sutures on the left eye, as there appeared a small margin towards the outer canthus which still turned in. Now the effect will be complete, and it will be impossible for the lids again to become inverted. — It looks to you, perhaps, as if the lids were now made to turn down too much, but you will find after a while that this is not the case, for the cicatrix will not draw it as much as the suture at present does. — How utterly unavailing would not any treatment have been if this were allowed to continue? If we did nothing more for the eyes, they would improve now, but something more we shall do. — The query very naturally arises in your minds, how has this Entropion occur? There are two circumstances which may produce it. When the eye is morbidly sensitive to light from any cause a perpetual convulsive action of the orbicularis muscles to shut the eye takes place, and by this contracting the parts become folded in at its edge. Again [illegible] traction the result of chronic inflammation which draws it in.

An

Inaugural Dissertation

On

Intermittent Fever

Submitted for Examination

To the

Provost, Regents and Faculty

Of Medicine

Of the University of Maryland

For the Degree

Of Doctor of Medicine

By

Edwin George P. Dickson

Of Maryland

Preface.

On entering upon the performance of this duty I feel in the onset the great imperfections that necessarily attend the efforts of one so young and unskilled in the heights and depths of a science; so full and comprehensive as the science of medicine. And I have candidly to confess that nothing but stern necessity could force me to enter upon the responsible stage of authorship or induce me to pen upon paper my crude and imperfect cogitations for the inspection of men whose talents and experience have already made them leaders in the medical world; and whose celebrity has gone forth, before an admiring public as a dazzling light bursting

forth in midnight darkness,
However far I may fall short I may come
even in contrast with my class mates
in the discharge of this duty, one
thing I shall have to claim as mine to the
end, and that is this; that I do
write shall be my own; and the
credit of originality shall adorn
these pages, though elegance of style
and profundity of scientific litt-
erature should be denied them.
I feel assured in my own mind;
that the intelligent faculty of
the University of Maryland, will
not expect I due to resolutionize the
beautiful fabric of Medical Sci-
ence; or expose the little existing rents;
or dash the pen of Condemnation over
its many fanciful hypotheses, or
throw many new lights upon its
dark and hidden parts, or unfolds
things to the memory that are
nothing gone before, have entertained

opinions; which have long since been exploded and forced into the dark glen of oblivion to be called for the no more forever, such efficiency cannot be expected from one who has only learned to scan the great proportions of this monstrous system, and with trembling step has just entered the threshold of her beautiful palace; and caught only a glimpse of her magnificence and splendour, I shall content myself upon the present occasion to walk upon the beach shore of this great ocean of science, and catch a little of its foaming spray, and handle a few of its choice pebbles; rather than venture with its surging billows or dive to its almost bottomless depths in search of the precious pearls; or polished stones which are there concealed; which are raised only by hands more skilled and arms more powerful than those of a mere novice

But this great sea I design to explore in after life; with a boldness and a zeal that shall rival the most determined adventurers of all those who have gone before; whose beacon lights are seen streaming upon every shore, and who have bequeathed the Heaven of fame and world wide renown,

The Author,

Febrile Intermittents,

In selecting Intermittent Fever as the subject of my Essay, I have not been induced to do so because the subject is novel, or because it is not frequently selected by students for the same purpose. But because fever is one of the most important forms of disease that the medical practitioner is called upon to treat; and one which almost every day of his life he sees in some of its diversified types, or modifications. The pathological condition of fever has been the subject of investigation for centuries; by the strongest and most powerful minds that have ever graced the medical profession, beginning with Hippocrates down to the authors of the present day. The ancients believed that fever was the result of a morbid change which took place in the circulating

fluids of the system especially the blood, which morbid conditions was manifested by these febrile symptoms which they also regarded as an effort made by nature to throw off the offending causes. Those who advocated these opinions and adopted them as pathology were called Humoral Pathologists, or those who believed in the contagion of Blood as the true proximate cause of fever. This doctrine since has its advocates and votaries to support it, but in my opinion it ought long since to have been consigned to the number of Ephemeral Chedulities, and should not now find an advocate upon earth.

It seems to me that all morbid agents whether chemical or physical, must primarily act upon the sensitive organs of the human organization, before any derangement can take place; which derangement will

malady show themselves in that concatenated chain of phenomena called fever.

This system then which is the recipient of all agents whether gaseous or physical must be the Brain and nervous apparatus; upon these the impressions are made and I can conceive of no other medium whereby morbid impressions can be made; the accumulating epitement of which ultimately make up that irritability characterized by the well known marked morbid disorder called fever.

The proximate cause of fever as I regard it; is the action of some agent upon the Brain and nervous system, first producing epitement in the organs, which epitement is followed by a corresponding depression, which depression lessens the flow of nervous stimuli to the various organs of the economy, which is followed by congestion in all of these more or less with sanguinous condition of the

skin, which congestion of the organs ultimately proves a source of local, and general irritation, which accumulating irritation arises at last to its acme; which acme terminates in the development of what writers call inflammatory fever, or giving rise to other types, or modifications of fever corresponding to the fever, and continuance of the same irritation upon the Brain and nervous system,

But my little page admonishes me that I am not writing an Essay upon fever in general, neither am I capable. The task therefore is made to impose me to hasten to the consideration of that modification of fever, which I have already selected for my theme.

Intermittent Fever is a disease of the Middle and Southern States; although it is not infrequently found to prevail in a Northern latitude, and yet rarely in our cities and

Crowded Cities. This disease most frequently makes its appearance in Summer, and autumn, but of late years it seems to be confined to no particular season prevailing in Maryland at least in every month of the year; in all classes of society but especially among the poor; who are ill fed and clothed. and those who are doomed to labor in low and boggy districts; whose feet are generally damp and sometimes wet.

Symptoms.

The patient for several days before an attack of this disease, feels the loss and energy of his mind and system, and attended by frequent yawning, lassitude and debility in the lower extremities; an obtuse feeling about the head accompanying in some cases to a dull aching pain, which disquiets the individual for the affairs business of life, or a pressure under the social circle. of the head is felt

time, the patient discovers that all the symptoms become aggravated, the extremities and nose become cold, creeping chilly sensations come down the back and legs, which feelings continues to increase until he is seized with rigors; his lower jaw is seized with a spasmodic clattering, his face assumes a deadly white or livid hue; and he is compelled to seek the fire with great haste or assert to his bed and call for large quantities of extra covering before he begins to relief from those feelings of intense cold and shivering.

This stage is generally accompanied with great thirst and the patient demands large and frequent potations of cold water. This stage of the disease is not unfrequently accompanied with a regular attack of (cholera morbus) which is doubtless produced by a continuation of spasmodic action to the mucous

coats of the stomach and bowels forcing them to disgorge their contents with great vehemence,

This adventitious disease or Cholera Morbus always subsides with the termination of the cold stage; and returns again in the succeeding paroxysm with as much regularity as the paroxysm itself,

The cold stage which we call its incipient stage is very variable in its duration owing to circumstances and the character of the congestion in which the rigors are placed, but as a general thing this stage usually runs its course in the space of

half an hour to two hours, and then terminates in the second stage of the disease, which we call the febrile or hot stage, The rigors and shivering gradually subside and the patient begins to feel comfortably warm, but this warmth soon becomes excessive the skin becomes hot. the pulse increased in volume and frequency the face becomes flushed and the

Brain becomes painful from the rapid injection of blood amounting to intolerable headache, The tunic of the Eye becomes injected giving the Eye a reddish appearance, The respiration becomes hurried and laborious, and great restlessness and jactitation seizes the patient; and not unfrequently delirium supervenes; which lasts for an hour or two, when this stage gives place to the stage which immediately follows, known by the name of the last stage or what is more scientifically called the Sudorific or Sweating stage,

At this crisis of the disease the patient begins to feel some relief; his brow becomes greatly bedewed with perspiration then his face, Chest, body; and finally his entire person is covered with sweat, This stage usually lasts for a couple of hours; when the effects of such depletion by the skin removed entirely all febrile action the headache subsides and the patient rises from his couch relieved

with the exception that he feels feeble and his spirits are much depressed with but little disposition to take food, although in some few cases the cessation of the paroxysm is always followed by an insatiable desire for food and that system of the strongest and most common articles of diet;

Variety of Types,

Intermittent Fever; as its name denotes is strictly a periodical disease occurring at regular stated hours and running through each paroxysm the same identical course; and presenting the same symptoms and successive stages, When the paroxysm returns twice in 24 hours it is called a Double Quotidian, When only once; it is called Quotidian, When it returns after the lapse of 48 hours it is called Tertian, and when it returns on the 4th day from its first attack it is denominated it Quartan.

This disease also presents itself under other modifications than those already

mentioned, There is what I am compelled to call a mixed form of this disease, in which none of the stages which I have been described seem to stand out; and the disease can only be detected as to its type, by noticing its periodicity. The patient is not aware of the cold stage, the hot stage is imperfect and the sweating stage is entirely absent. The patient only knows he is sick; but never suspects the character of his disease.

This disease also makes its appearance under another form; still more insidious, which authors have termed Hemicrania; or Masked Ague and Fever. The patient complains of severe pain on one side of the head involving the eye; which continues some 8 or 10 hours and gradually subsides; and then returns again at the same hour on the next day. The type of this variety I believe is always quotidian, as I have never to the best of my recollection seen it otherwise.

Until recently this pain has been usually called by the Popular, Sun pain; supposing it to be produced by Solar influence; but now it is a well established fact that it is intermittent fever; and can always be speedily cured by the same identical remedies, which are used to cure the disease; when its type is regular as here described, This fact together with its well marked periodicity; established the truth beyond contradiction; That they are one and the same disease,

Etiology.

The sole cause which produces this disease is said to be Miasma, or paludal effluvia; which peculiar gas is said to be the result of vegetable decomposition accompanied by heat and moisture, Much has been written (De novis paludum effluviis) but after all, we have but a very indefinite idea of the real character of this noxious agent, Some what has been said upon this subject in our model

be led to suppose that it exists nowhere but in the immediate neighbourhood of marshes, mill ponds, swamps, and such kindred places, but it is my opinion that the peculiar gas is found in all places where these agents are found to exist;

It is true that Intermittent Fever prevails on the hills as well as in the valleys; in sandy deserts as well as in low humid sections; in clean high villages as well as in crowded dirty cities;

I am inclined to believe that damp dirty cellars are a fruitful source of this Koino Miasmata; and that putrescent animal washings in maceration with water is also capable of generating this peculiar poison.

Modus Operandi of Koino Miasmata

This gas is born through the medium of the atmosphere, and is inhaled in respiration; and it also received into the mouth and by becoming mixed with the saliva is thus conveyed into the stomach,

By this means it is brought in contact with the extremities of the nerves supplying the lungs stomach and bowels; its deadening and soothing influence is immediately conveyed to the Brain; and from thence through out the whole nervous system.

The brain now becoming depressed by the action of this poison ceases in a greater or less degree to convey to the great functionaries of the system its electric moving power; and as they merely depend upon this for their own vitality and especially for their great functional vitality; they become weakened and debilitated; the result of which is unequal functional action and congestion takes place in every organ according to its vascularity which continues to accumulate until the blood nearly leaves the periphery of the body; at which time the cold stage or chill commences.

The paroxysm in its course seems to work out a respite of relief for a longer or shorter time; the length of which time seems to

depend upon the power of the poison upon the Encephalon system, If the poison be powerful the necessary congestion will take place in a short time giving you the Quotidian; if not so powerful the interval will be longer; thus we have the tertian; if less powerful the Quartan.

This I believe to be the true Physiological condition in ague and fever, and is the only tenable explanation of the mysterious phenomena implicated in the paroxysm of this strange disease,

Diagnosis,

In the diagnosis of a well marked case of Intermittent Fever, there can not be much trouble, The only disease with which it is likely to be confounded is Remitting Fever, And here the practitioner need have no difficulty if he will only remember the significant names of the two diseases; that in the one he has only a remission and in the other an entire intermission; this he can always learn

of the patient, or the attendants if they be the least intelligent,

But fortunately even a mistake in the diagnosis here would not result in any disaster; for many instructed Physicians of the present day use quinine in the remitting fevers with as much success as in the intermitting.

In diagnosing the mixed forms, and also in masked ague the great distinguishing feature to be kept in mind is the periodicity which is not found in any other form of Morbid Condition,

The young and inexperienced practitioner may be somewhat at a loss at first, But the experienced man will be quick to detect its true Character,

Prognosis.

As a remittent intermittent Fever can not be said to be a dangerous disease, as but few cases comparatively prove mortal,

The regular or consequences of long

protracted cases; are more to be feared than the paroxysms themselves; however of those I shall speak more at length in another place; which I design writing for the purpose; under the head of Sequelæ or Consequences, Nevertheless persons sometimes die in simple uncomplicated intermittent fever, I believe in all such cases the patients invariably die in the cold stage from the great congestion of the liver pulmonary circle and pulmonary engorgement, I have known two cases that thus proved fatal before any reaction could be established; the patient seeming to die from a state of things likewise asphyxia, A great many persons fall victims to the derangements and morbid actions set up and established from the long continued cause of the disease, though at the time of its attack the patient may never have enjoyed better health; in brighter prospect for a long and pleasant life,

Sequelæ,

The disease with which I am acquainted seems to exert such a poisonous influence upon the human economy as intermittent fever,

The patient - from a single paroxysm becomes extremely pallid and sallow; the sclerotic of the eye is found to be icterid; the perspiration is loaded with bile and acid; giving it a strong and unpleasant odour; the muscular energies greatly debilitated so that the patient has but little inclination, and can endure but little hardship; the urine is at once charged with bilious matter, alkalies and albumen with superabundance of uric acid; all of which symptoms become more and more obvious during the continuance of the disease; and many of them last - even for several days, after the disease is arrested and the patient considers himself well, But the more important and permanent consequences of this disease are to be found in

The morbid conditions of the liver and spleen, Hepatitis; and Splenitis; are often found to result as a consequence of an attack of this disease; and permanent engorgement or hypertrophy of the liver and spleen; almost invariably follow to a greater less extent; in all cases of long standing; and especially in such cases as have not been subjected to medical management.

In consequence of these enlargements and engorgements, dropsies of the peritoneal cavity frequently take place; known by the name of ascites.

The endangium or blood membrane always seems to suffer more or less in the long continued action of this disease; and an anasarca or general dropsy of the cellular tissue is found to follow.

The imperfect action of this endangium is to be attributed to the want of cutaneous influence in this most important function, as we find the production of fluids which in all probability can be accounted

for in no other way. Persons laboring under hereditary taints are always in danger from the secondary effects of this disease; as cases of consumption have been known to follow as the unstarted offspring of the exciting and poisonous influence of this affection.

Perhaps no disease within the range of medical science has a greater tendency to interfere with, and finally interrupt the catamenia than this. It suspends the menses; superinduces leucorrhœa and chlorosis or green sickness, follow with all their train of misery, misfortune and perhaps death. Upon these I have said upon the consequences of this disease the conscientious practitioner cannot fail to see that the disease is one of no inconsiderable character; and one that claims his close attention and most careful intelligence in the management, an account of which I now design to give as the closing chapter in this Essay.

Treatment.

There is no disease perhaps in the whole range of medical science about which there has been such a variety of opinions entertained by the profession in regard both to its nature and its treatment. In all countries the people have always attached something mysterious and supernatural to this disease. The more illiterate and uninformed having always believed that it was the offspring of witch craft or conjuration; and in consequence of such opinions they have resorted to a thousand modes of cure; as incantations and charms the most curious, to diversified tricks and exorcisms; by which the disease has been relieved. But in all cases where the disease has been thus cured the remedy only acted by its power of faith; and speculation which was a relief to the depressed brain and nervous system by which the convulsion was prevented and then the chill dismissed; and of course the successive stages could not follow,

But to return to the scientific portion

of the treatment of intermittent fever. I would first remark that the great indication in the treatment of this disease, is to meet its different stages with such remedies as are calculated to hasten and moderate each; and thus bring the paroxysm to a safe conclusion; and then during the intermission to use some certain antiperiodic; and thus break the chain of morbid action; thereby effectually preventing its return, At the next accustomed period when the patient feels the inception of the cold stage or chill he should immediately be put to bed and a plentiful supply of bed clothes should be furnished him; artificial heat should be applied to his extremities; and warm diaphoretic drinks should be allowed him freely. Heated bricks or bottles filled with hot water; or billets of wood may be used for this purpose applied to the feet legs thighs and armpits; and in severe cases even along the spine and hands. Balm, sage, Eupatorium, saffron or even warm tolo tea may be

used as proper diaphoretic drinks upon such occasions,

This stage will last from half an hour to two hours; at which time the reaction is set up and the hot-stage commences; which is the febrile action or fever, If the action is strong; the face florid; the pulse quick and full; with great pain in the head and back venesection should at once be resorted to; but it would be well to mention that the symptoms are seldom so severe as to demand abstraction of blood, Cathartic should be administered provided no diarrhea be present; and for this purpose; as a general rule 10 grs of Calomel with 5 or 7 grs of Pul. Gamboge is as efficient quick, and safe as any; or 15 grs of Calomel may be administered, followed in one or two hours with ℥ii of Recine after which the patient may use a little Tea or Coffee or some mild bath; to facilitate the action of the medicine through the alimentary canal; and by the time the purgative has done its office, the patient will

be in; or will have passed through the sweating stage; which will be the completion of the paroxysm; and the patient will then have entered upon the intermission or relief stage. As a general rule the sweating stage will require no especial management; except that a little caution is necessary; not to cool down too suddenly by getting up and setting in rapid currents of air; whereby the blood might be again driven in upon the debilitated viscera, and thus set up cause for the repetition of the paroxysm or give rise to continued or remittent fever; which frequently follows this disease. I am now brought to the treatment of the patient during the intermission, and of all the stages this is the most important; for upon our management in the intermission the health and safety of the patient mainly depends. If the proper antiperiodics or tonics are delayed or not used during this interval of morbid action the patient is not cured;

and the disease returns again at its next period with all its violence and perhaps with increased energy.

An almost endless variety of remedies have been recommended for this purpose and have been lauded to the skies for their virtues in the prevention of the returning paroxysm; but upon applying them to practice many of them fail altogether, and others are found only to effect occasional cures.

I shall attempt to select from the class the remedies that I regard as the most reliable, and leave the others for the consideration of regular writers upon the Theory and Practice of Medicine.

Of all the agents that have been presented for practical purposes; I regard Quinine as the remedium magnum and the sheet anchor of the Physicians hope, I prefer sulphate of Quinine to any other preparation; 10 grs of Sulphate made into 8 pills one to be given every 2 hours beginning early in the intermission; will rarely fail

to check the disease; remembering that the remedy should be continued for a longer or shorter time according to the length or severity of the attack.

If the attack be malignant in its character; the practitioner should not wait to clear the alimentary canal of its contents, but should commence with the antiperiodic as soon as possible and give it in large and frequent doses. Peruvian bark or cinchona; has been for a long time used in the intermission with great benefit and success but as it is a voluminous and nauseous dose the quinine is much more preferable on account of its more equable administration, and certainty. The preparation of Peruvian Bark called cinchonine in my opinion ranks next to Quinine, Arsenic has been highly spoken of by many authors; but in consequence of its effects upon the stomach and upon the constitution; it is very objectionable

and should only be resorted to in cases of long standing; and when the quinine has lost its power to prevent the continuance of the disease, Piperine, Galicine, Betonine and a variety of other remedies have been offered to the medical world as agents in the cure of this disease; but as I regard them all as uncertain remedies; and vastly inferior to quinine; and Cinchonine; I shall only advise a trial of them as substitutes in the event that the practitioner could not obtain at the time the better remedies quinine and Cinchonine,

A very active and pleasant preparation and at the same time one easy of administration is this, Sulph. Quinine 16 grs Cold water 10 oz Elixir of vitriol sufficient quantity to dissolve the quinine mix. a Tea spoonful every two hours during the intermission for an adult; the dose to be lessened in proportion for Children and adolescence,

In regard to the sequelæ or those morbid conditions which result as the consequences of this disease they of course must be treated according to the character they may assume or the character of the disease produced. I would have remarked that in that broken down state of the general system from intermittent fever: one reliance must be upon mercurial alteratives; and the long protracted use of iron in some of its forms. The remedies that I would particularly recommend are iodide of iron; muriate tinct of iron. Prussiate of iron.
The Iodide is pleasantly administered in the preparation called Syr of the Iodide of iron in 15 drop doses three times a day.
In this stage of the disease exercise in the open air is of great importance with a generous and nutritious diet; sailing &c, sea bathing or riding on horse back, are useful adjuncts. The patient may also be allowed a little wine; or French brandy;

two or three times during the day. Warm clothing is also important and should not be neglected.

Now Gentlemen I have finished in a very imperfect manner the task you have demanded at my hands. I feel it will require your indulgence and sympathy. You will notice I have given no reference to authors, neither have I copied their writings, nor their saying. I have read their works, I have thought for myself, made up my own opinions. And upon these pages I have given you my thoughts. I have no more to say, but to return to you my thanks for your kindness and liberality so richly bestowed upon me; and to express a living desire for your health, and prosperity as Public Teachers; and for the increasing prosperity and usefulness of my alma mater, The University of Maryland.

The Author.

An
Inaugural Dissertation
on
[illegible]
Submitted to the Examination
of the
Provost, Trustees and Medical
Faculty
of the University of Pennsylvania
for the Degree of
Doctor of Medicine.
By
William J. M[illegible]
of Pa.
Mar
18[illegible]

To

Samuel Chew. M.D.

Professor of Theory and Practice

in the

University of Maryland

Permit me to dedicate the following Dissertation to you as a mark of my respects for your professional talents and a small tribute of gratitude for the many facilities that you have afforded me while in the pursuit of my Medical Education

Yours truly

William S. Mason

of Wheeling Va

1854

Dysentery consists of inflammation of the Mucous Membrane of the large Intestines and in some cases extends to the Ileum. Dysentery occurs in two forms Acute & Chronic. the Symptoms by which the Acute form is distinguished is griping pains in the Abdomen, Tenesmus, & frequent desire to Evacuate the Bowels. the discharge consisting of Blood & Mucous if the Inflamation is confined to the rectum the discharges are mucous & Blood. but if extended the Colon ascend Transverse & descend the disease may come on with or without pulmonary Symptoms, but is usually preceded by slight fever, full pulse, anorexia, lassitude, & more or less disturbance of the whole system. as the disease advances the tenesmus increases and forms one of the most prominent Symptoms, the pain on the

Abdomen appears to settle in the Rectum. The desires to Evacuate the Bowels are very frequent, and in Some cases almost incessant. Sometimes the discharges produce A burning Sensation in the Rectum which makes the Patient resist the desire as long as possible. As the disease runs its course the the Inflamation acting upon the Mucous surface of the Bowels there are small portions of false membrane thrown off. Sometimes hardened lumps of feculant Matter technically termed Scybala; feculant Evacuations are followed generally by relief of the Symptoms. The Extent of Inflamation may be ascertained by tracing the Colon in its course if there be tenderness along the Ascending & transverse Colon the whole of the large Intestine

are involved. In some cases of Dysentery or almost all cases, after the disease has gone on for some time there is an odour peculiar to the disease. and in some cases the Sympathy Extends to the Bladder causing great inconvenience in voiding Urine. the disease may run its course in from seven to ten days if the Symptoms abate in that time we have the tenesmus diminishing and the Tongue cleaning up and the discharges becoming less frequent and more fecalent with the appetite improving, but if the Symptoms go on increasing beyond that time the discharges becomemore frequent, tenesmus increases, the Pulse more frequent and full and feble the Extremities

Cold covered with a clammy sweat, great tenderness upon pressure over the Abdomen with tympanites, and the patient sinks from Exhaustion.

Dysentery prevails sporadically and Epidemically, complicated sometimes with Intermittent and Remittent Fevers. it may set in a few days before an attack of Fever, or after the fever has gone on for some days, the Symptoms becoming aggravated at each paroxysm and diminishing as it passes off. In some cases we have the Stomach and Liver, more or less deranged at the commencement of an attack produced from the same cause which is called Bilious Dysentery which is characterized by a full strong-

Pulse frequent, [illegible] in ordinary cases. The tongue is coated with a yellow fur, the urine scanty and high colored. A sinking & pain in the Epigastrium. Lit[illegible] & stupor, and more [illegible] delirium. This complication is one of the most dangerous forms. The Adynamic form occurs to persons exposed for some time to depressing causes such as in their tendency bilious. The Blood. Impure air in houses and [illegible], the same these cases symptoms of [illegible] Cerebral excitation with a [illegible] [illegible] Soon about the 7th, in some cases the patient is prostrated at the commencement the system never rallies.

Causes

The Predisposing Causes

disease are the continued injurious effects of heat increasing the irritability of the mucous membrane of the alimentary canal and also deranging the skin and making the surface of the body making it more susceptible to the influence of cold. another very common cause is having the body heated during the day and exposed to the chilly night air. Checking perspiration and directing the secretions inwards; when the hepatic action ought to be excited and continued by the circulation, and consequently of the mucous membrane of the bowels results. Substances directly irritant in their action on the bowels are the exciting causes. Among the predisposing causes and as

Indigestion food of any kind.
Hemorrhoides will sometimes
produce it

Prognosis

The Prognosis is general unfavorable but if there be tolerably entire use in the ascending, transverse, or descending Colon, it can not be terminal fatality, if the disease continue beyond the second week it is unfavorable, that is Autumn between hundred times the case is unfavourable. Bloody Evacuations at the commencement are more favorable than Purgatives discharges, but if sporadic cases in low and Climates are seldome fatal, it is when prevailing epidemically or among great Masses, or in Armies or Hospitals, it is of a Tropical Condition that it is

most malignant. Death may result from a pulse of the sinking kind or the intensity of the irritation to some organ or from the continued wasting & exhausting effects of the combined inflammation and discharges

Anatomical Characters

The most prominent Characters are the Reddening and thickening of the Mucous membrane of the large Intestines but if the disease is of short duration there will be no ulceration, but in chronic cases ulceration is apt to occur; in some cases the tissue of the mucous membrane, lining the Intestines. Inflammation has extended into the Ileum. in Chronic Cases the Intestine is smaller and thicker than common with ulceration

Also fungous elevations occur irregularly on the small intestines; pus is sometimes discharged into the Peritonium bringing on Peritonitis. Pathological changes and contained affection to the Intestines, the Mesenteric glands, Liver, the Kidneys & also other organs are frequently diseased; in Inclosed Cases the Mesenteric glands enlarged and softened though seldom or never in a state of suppuration. In some instances, evidences of Inflammation have been found extending throughout the Colon into the small intestines and sometimes into the Stomach; in hemorrhage the edges, touching and necrotic extend beyond the mucous membrane and sometimes involve the whole parietes of the bowels

Diagnosis

The only disease that Dysentery is likely to be confounded with is Diarrhoea and Hemorrhoids. Dysentery is distinguished from Diarrhoea by straining and Tenesmus, and from Hemorrhoids by the Blood being more florid than in Dysentery and also by the absence of Tenesmus which is not found in Hemorrhoids.

Treatment

There are two indications in the treatment of the disease 1st remove local Inflammation 2nd Relieve all urgent symptoms. To fulfill the first indication Bloodletting, Fomentations and Injections and Antiphlogistics and Anodynes, leeches are more

admissible than the use of the lancet. Bloodletting either local or general should only be used in the early stage of the disease. Bleeding is not necessary in all cases and may be injurious in the adynamic form; it should always be resorted to when there is much pain and tenderness of the abdomen with inflammation and a vigorous pulse as the disease generally occurs in temperate latitudes one moderate bleeding will be sufficient, but it may be repeated according to circumstances in violent inflammatory cases threatening immediate danger or not relieved. In persons of vigorous constitution or plethoric habit or bad weather it may become highly necessary to take blood. The results are usually

Cases should be promptly resulted to and the blood allowed to flow until a decided impression is made on the pulse, but bleeding should never be resorted to in an advanced period of the disease. Aperients should be administered when there are mucous discharges and continued until copious discharges are obtained; by the use of cathartics we prevent irritations and we free the bowels from irritating substances and diminish congestion in the portal circulation. The judgment of the practitioner should lead him to the choice of purgatives, and the proper time of administration. Gastric symptoms may have been by irritating the inflamed membrane but they do good by evacuating the bowels

occasionally the Dysentery has been succeeded by Diarrhœa which has cleansed the Bowels; and in such cases solid fæces are not to be looked for in the stools. When the disease has commenced about the 8th it is generally necessary to obtain at least a brisk Cathartic, and then one mild aperient to keep the Bowels free from irritating accumulations. To fulfil the first Indication, from five to fifteen grains of Calomel should be administered, followed in from four to six hours by the aperient. Should it irritate the stomach in its ordinary form, it may be administered in emulsion with gum Arabic, sugar, and some aromatic water. In the advanced stages of Dysentery this obstinacy matter may often be combined with a little laudanum and given in small divided doses at stated intervals. Opiates are also

Of these castor oil is on the whole probably the best. when the stomach is irritable the Seidlitz powder may be used. it is desirable that, by means of the cathartics one or two evacuations should be obtained daily or every other day of such a character as to evince that they have come from the upper bowels. in the advanced stages cathartics must be employed more sparingly than at the commencement when the strength fails or the symptoms assume a chronic form. Rhubarb or one of its preparations may be substituted for the other cathartics. great benefit will often accrue from combining an opiate with the cathartic. it not unfrequently promotes the action of cathartics by restraining spasmodic constrictions of the bowels while it is also useful by relieving pain

Diaphoretics are useful by giving an External direction to the circulating fluids and by depleting from the blood vessels. When the skin is hot and dry small doses of Tartar Emetic or of the Neutral Mixture may be given separately or combined at intervals of an hour or two. Ipecacuanha and Opium are probably the best Diaphoretics alone or combined. Dover's powders or two grains of Antimonial Ipecacuanha given every two hours. The warm bath may be useful in cases of Children. Tormina and Tenesmus generally treated by the use of aperients. Bleeding. Opium & leeches applied to the Anus or an Enema composed of two ounces of Starch. Thirty drops of Laudanum or two grains of Opium in grains c. Acetate of Lead, should be administered to arrest copious diarrhœa. Opium & lead in combination are Efficacious remedies.

Emollient Enemata act as adjuvants to the cathartics by soothing irritation and operating as fomentations the bowels they afford relief by protecting the inflamed surface. but may in some cases produce pain by distension. If found to be comfortable to the patient they may be repeated daily. Cold water thrown into the Rectum is a good remedy and may be used with advantage taking care that the system be not too far depressed by the remedy. Injection of acetate of lead & sulphate of zinc may be used with advantage after febrile action has been moderated, and especially when the disease is confined to the lower colon, and rectum. Lead is preferable when the disease retains the mucous character. Sulphate of zinc when of the chronic variety

Opium is an invaluable remedy in the treatment of the disease Besides relieving the sufferings of the patient, and procuring sleep which is necessarily much interrupted in this disease: it does good by diminishing the morbid sensibility of the Bowels to the irritating matters they contain, by augmenting the actions of the cathartics and likewise to direct the action to the surface. Especially when combined with a Diaphoretic or an Emetic so as to produce nausea. It should not be given in cases of much febrile action until the force of the circulation is diminished but we may commence its use at certain periods of the disease and generally administered in large doses the best time is to give it in the Evening. In more advanced cases it should be given in smaller doses, so as to make a constant impression on the system

In Dysentery complicated with Remittent or Intermittent fever we generally pursue the same course as regards the Bowels as would be pursued in the ordinary disease. Some means should be resorted to for preventing the return of the Paroxysms and no remedy which we possess is better calculated to fulfill this end than Peruvian bark or Sulphate of quinia. It will always be prudent to commence the use of this agent after thoroughly evacuating the Bowels. The Diet should be regulated according to the presence or absence of fever it should consist exclusively of Mucilaginous and farinaceous liquids. Animal broths & Jellies may be used. Cleanliness is requisite in all cases

An
Inaugural Dissertation
on
Acute Inflammation
Submitted to the Faculty
of the
Medical and Chemical
Department
of the University of Maryland
For the Degree
of Doctor of Medicine
By
Geo. W. Merill.

A.D.
1854

Acute Rheumatism

[illegible]
usually attacks the larger joints,
as the knee, ankle, and elbow:
It is invariably attended by [illegible]
[illegible]
but it is inflammation of the
joints [illegible]
place, it is inflammation of the
articular tissue; [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] and sometimes and
nearly all the joints of the
body. Sometimes the disease
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]; [illegible]

[illegible]

on the body, and will occur
as at the Lumbar with a
disposition to shift from
one point to another or to
other internal organs, as the
Heart or Brain. this tendency
to shift is known by the name
of Metastasis. and it adds a
[illegible] to [illegible] the
disease. Inflammation commen
cing in one part and then ex
tending to others, as [illegible]
[illegible] to the Brain or
from one of these parts to the
[illegible] [illegible], or to the
[illegible]
[illegible]
of the Body, and [illegible]
[illegible]
[illegible]
[illegible]
same. [illegible] the [illegible] [illegible]

[illegible]

[illegible] called

[illegible], [illegible].

The same night [illegible]

[illegible] the cause of the [illegible]

attack. [illegible]

[illegible] indicated; and the head

[illegible] the [illegible]

cause, the [illegible] [illegible]

a. [illegible]

[illegible]. [illegible]

[illegible] around

[illegible] of the point, [illegible].

[illegible]

Vessels, and in [illegible]

[illegible]

[illegible]

the disease may avoid the [illegible]
[illegible] in most of the [illegible] and
[illegible] in the [illegible]
[illegible] mucous membrane
[illegible] muscular, mucous membrane
[illegible] muscles, nerves, and [illegible].
It is [illegible] lungs as well as [illegible]
[illegible] and [illegible]
[illegible] the [illegible]
[illegible] the [illegible] blood vessels, and all [illegible]
[illegible] the [illegible]
[illegible] caused by [illegible]
[illegible] surrounding [illegible] tissue.
[illegible]
[illegible] been [illegible]
[illegible] and [illegible]
[illegible] other [illegible]
[illegible]
[illegible] [illegible]

[illegible]

[illegible]
[illegible] d. [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
Pericarditis. [illegible]
[illegible]
[illegible]
but not until it [illegible] was
[illegible] of the cardiac
disease made progress. The kind
of the disease in which [illegible]
complication is most [illegible]
[illegible]
[illegible]
[illegible]
Bronchitis_ [illegible]
[illegible] continued [illegible]
[illegible]
[illegible]
[illegible]

[illegible] the disease [illegible]
[illegible] probable [illegible] the [illegible]
[illegible] inflammation [illegible]
[illegible]
of the cardiac ganglion than
the origin, [illegible]
but little [illegible]
[illegible]
other causes. The disease is
liable to be transmitted to
the [illegible] of the brain. [illegible]
the [illegible] [illegible]
[illegible] the [illegible]
[illegible] [illegible] [illegible]
[illegible] of the brain. [illegible]
[illegible] the [illegible] [illegible]
but the [illegible] [illegible]
the cardiac [illegible]

.1

~~and~~ ~~stream~~ also of [illegible]

[illegible]

[illegible] double is cured. [illegible]

[illegible]

indicating the transmission

of inflammation to the brain,

[illegible] increased sensibility [illegible]

[illegible]

in the head. Blisters and

[illegible] large doses of quinine

[illegible] liable to occasion this

[illegible]

[illegible]

[illegible] treated, but the [illegible]

[illegible]

[illegible]

also be applied; [illegible]

[illegible]

[illegible] double case. [illegible]

[illegible]

stimulants [illegible]

[illegible]

[illegible]

and contains a ... [illegible]

[illegible]

[illegible]

character. ... believe is ... [illegible]

... and that ... [illegible]

Causes

I believe the ... [illegible]

[illegible]

divine ... [illegible]

[illegible]

[illegible]

[illegible]

... without the ... [illegible]

[illegible]

[illegible]

about ... [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Prognosis.

When the disease is [illegible] it generally [illegible] favourable. The [illegible] of [illegible] the [illegible] disease. [illegible] [illegible] [illegible] [illegible] [illegible]

Journal

[illegible]

An

Inaugural Dissertation

On

Dysentery

Submitted to the Examination

Of the Board of Medical Faculty

Of Physic

Of the University of Maryland

For the Degree of Doctor of Medicine

By

Richard Hooper Mitchell of Virginia

Baltimore Feb 14th 1804

Dysentery

[illegible]

of the subject of Dysentery in my inaugural dissertation, I do so for the reason that it is one of the most common diseases which prevail (in the Autumn) in the region of country [illegible] Tennessee, and a disease which the medical gentlemen of this country seem to treat upon different principles.

Dysentery [illegible] an epidemic [illegible] extend in different [illegible] the Mississippi Valley [illegible] of September and October [illegible] in the [illegible] commencing [illegible] June [illegible] and [illegible] extends in the following

1800. The disease was confined to the flat lands some ten or twelve miles below that portion known as the Pig Nut and Bull Mountains. These mountains are the highlands below the Blue ridge where the disease has appeared every last summer. In many localities this disease proved very fatal. Before I proceed to account for its fatality I must remark that in the same localities a disease of a similar character appeared in 1799. I did not [illegible] in any case [illegible] the [illegible] of treatment pursued in the case [illegible] which proved favorable [illegible] outline. These [illegible] of fever [illegible] resemble to each other in every second [illegible] which [illegible]

[illegible] the same [illegible]
[illegible] difference of constitution
[illegible] in [illegible] of [illegible] can
be distinct nature of the exciting
cause. And from the peculiar emotions
which may at the same time [illegible]
the mind.

To prescribe the same
remedies for the same disease without
a due enquiry into the state of the
system merely because they were
successful in another is [illegible]
unpardonable. A perception of
[illegible] and [illegible]
[illegible]
have [illegible] of
of the structure and functions of the
[illegible]
[illegible]
[illegible] of the nature [illegible]
and treatment of this species
disease to which the case under

observation always. He is then ready to administer not for the mere name of the malady, but for the state of the system. Having thus introduced my subject I proceed to say what I understand by Dysentery.

Dysentery is an inflammation of the Mucous Membrane of the intestines accompanied with severe griping pains. Tenesmus, frequent stools small in quantity consisting of Mucous and blood without any admixture of Natural Faeces, and some degree of pain [illegible] Faeces do appear they are usually in the form of Scybala, small hard compact substances.

Dysentery sometimes comes on at its course as a simple Diarrhoea. The discharges are frequent and unattended [illegible] pain

at length however they become mucous in character and tinged with blood, we now find some tenesmus, fixed pain in the hypogastrium and some febrile disturbance in the circulation. At length the tenesmus grows worse the epigastrium rises higher, as is indicated by an active pulse hot dry skin tongue thick dry and loaded or red glossy tongue thirst and anorexia intolerable, and the abdomen tumid and painful to the touch, all these symptoms denote a highly inflammatory condition of the mucous membrane of the bowels, and unless they are arrested by timely interposition of art, run on and increase in [illegible] death closes the scene.

An attack of [illegible] is [illegible] preceded by [illegible] of [illegible] bowels

flatulency, tickling of the throat, vomiting, and sometimes [illegible] accompanied by heat in the skin, and frequency of the pulse after the [illegible] comes on, giving an increased propensity to stool, but generally the local affection is [illegible]

[illegible]

position of the [illegible] Dysuria that accompanies [illegible] sometimes [illegible] the local symptoms declare themselves.

Vomiting is frequently the [illegible] of warm climates and seasons, [illegible] sometimes with good [illegible] of the characteristic symptoms of vomiting, is the [illegible] [illegible] condition of a [illegible] [illegible] would be [illegible] [illegible] [illegible] of [illegible] [illegible] the results from a [illegible] the [illegible]

[illegible] occupy [illegible] of
[illegible] intestinal [illegible]
[illegible]
and passing through or over the [illegible]
ened mucous membrane. they occasion
great pain and distress. and [illegible]
evacuation is procured [illegible]
[illegible]
[illegible]
vary in consistency [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
like [illegible]
[illegible]
a [illegible]

[illegible] membrane is extensively ulcerated by some weakness [illegible] follow and the patient [illegible] worn out by the incessant [illegible] which is kept up. Sometimes what is passed by the bowels consist of nothing more than mucus no blood and this form is known by the name of Dysenteria Alba - or Morbus Mucosus. The differences [illegible] says Dr Watson are obvious enough both of them may be accompanied [illegible] pains. In both the stools [illegible] [illegible] in Diarrhoea [illegible] In Dysentery [illegible] natural faeces [illegible] in small hard separate lumps termed scybala - Again [illegible] [illegible] which is often tinged [illegible]

Diarrhoea whereas in Dysentery these
symptoms are prominent and constant.
These Nosological distinctions are true
and useful - allthough in our actual
intercourse with the sick [illegible]
find them always strictly observed, nor
of it [illegible]
[illegible] with the [illegible] symptoms
of Diarrhoea -
More or less fever accompanies Dysentery
throughout its whole course where it
proves fatal and is of an inflammatory
and putrid tendency [illegible]
of strength and sometimes proves fatal
in a few days - To get a correct [illegible]
of the true pathology of disease is by a
careful and [illegible]
symptoms which characterise [illegible]
all its stages - And [illegible]
[illegible] the [illegible]
[illegible]

On every [illegible] the
dissection. [illegible]
intestines [illegible]
irregular tubercles [illegible]
Colon with thickening of the peritoneal
and muscular coats in some instan-
ces patches of the [illegible] were
observed in a state of high inflammation
occasionally it [illegible]
extensively ulcerated. Dr. Watson says
inspection of the dead body discloses
[illegible]
[illegible]
overlaid [illegible]
[illegible]
the small pox pustules [illegible]
[illegible]
probably from the [illegible]
[illegible]
[illegible]
very large [illegible] with [illegible]

thin islands or ridges of thickened mucous membrane. In the more advanced cases the whole extent and circumference of the bowel presented internally an irregular contused and tattered mass of disorganization.

[illegible] examined of those who died with Dysentery he found the Colon rectum and part of the Ileum in a state of complete disorganization. Condie in his work on addition to Dr Watson says that twelve inches or four inches of the Ileum are generally studded with superficial ulcerations and have a rough appearance from the enlarged follicles and glandular bodies; with this exception the small intestines [illegible] of disease in the small intestines [illegible] complete [illegible] these cases [illegible] disorganization [illegible]

of [illegible]

[illegible] the symptoms [illegible]
and [illegible] [illegible] it
[illegible] [illegible]
after death I conceive that Gleanings
is essentially [illegible] of
and [illegible] of the
Mucous membrane of the large [illegible]
Notwithstanding the remarkable case
which I have seen and attended under
medication, [illegible]
friend Dr. S. Stillwell [illegible]
[illegible] we have [illegible]
obtain an opportunity of making a
post [illegible]
which [illegible] [illegible]
[illegible] have been completed [illegible] quote
above named authorities [illegible] Autopsia
[illegible]
[illegible] and [illegible] the Entoozoa and parasites
[illegible]

[illegible]

[illegible] Phlegmonous [illegible]

[illegible] very frequently [illegible]

[illegible] danger of [illegible] from their [illegible]

[illegible] with other predisposing or

exciting causes there is a want of

[illegible] with the authorities upon

this subject. but neither is it [illegible] be

presumptuous in me from my

limited observation to enter into

an argument upon this subject, but

I will remark here that the disease

as it prevailed in Fauquier Co. in

[illegible]

at the same [illegible]

[illegible] never [illegible]

[illegible] complicated [illegible]

[illegible]

[illegible]

[illegible]

or opposite side a [illegible]

[illegible]

ever saw — [illegible] are in all the

case, which I witnessed in the course

the disease a tendency for the accompanying

fever to assume a typhoid [illegible]

[illegible]

[illegible]

can per pattern reach the [illegible]

medical science he might as [illegible]

attempt to construct a dome without

[illegible]

at the foot of the ladder though aspiring

to go higher. Therefore shall [illegible]

for [illegible]

[illegible]

from [illegible]

[illegible] matter [illegible]

I. It says the very frequent coincidence or alternation in some places of dysentery with intermittent fever in long in him the opinion that the two diseases are alike attributable to malarious poison. But dysentery prevails where there is no other evidence of the presence of Malaria. You may recollect that when we were upon the subject of Ague I showed you that its repeated paroxysms were attended with a volume and increasing of blood in the internal organs. Of [illegible]

[illegible]

Mesenteric [illegible] [illegible]

[illegible]

inflammation is needing [illegible]

[illegible]

[illegible] is an effect of [illegible]

Dysentery is sometimes a sequel of ague in precisely the same manner dysentery is apt to supervene in hot climate.

[illegible] and disease.

I have no doubt in my mind of the fact that the liver is more or less implicated in the course of the disease [illegible] is not as might expect. The liver stomach and bowels and other organs are so [illegible] functional [illegible] and dependence that [illegible] one great [illegible]

[illegible] Mephitic Agent which is a concentrated acute disease in one of [illegible]

that in dysentery the affection of the intestines is merely a secondary affair dependent for its existence on functional or organic disease of the liver and that it accordingly, will be their utter mortification and discomfiture to see their hobbies [illegible]

For my introductory to this subject I state that the medical gentlemen of our section [illegible]

[illegible] whole matter of this disease is [illegible]

and Portal circulation and is to be reached by setting up healthy bilious secretion And advise for its cure repeated and large [illegible]

[illegible] in dis[illegible] of the [illegible]

[illegible] in [illegible]

[illegible]

And again say that dysentery [illegible] "ex initio" an epidemic disease but [illegible] is [illegible] inflammatory [illegible] of the mucous membrane of the bowels [illegible] as [illegible] is dysentery.

No little diversity of opinion exists in the profession in relation to the contagious character of [illegible]

[illegible] dysentery is [illegible] epidemic. [illegible] satisfactory evidence [illegible] epidemic [illegible] in this country [illegible] spread from person to person, but it is a prominent symptom in some epidemic illnesses of continued fever. When [illegible]

[illegible] I am inclined to attribute the notion [illegible] than it [illegible] is catching. [illegible]

as this opinion [illegible] contagion
arises from the effluvia of the fæces &
sick-room patients. Cholera not from the
gaseous perspiration or breath.
Contagion [illegible] an [illegible]
from one person [illegible] another in two ways
either through the medium of personal
or by [illegible] appearance [illegible]
arising from a person [illegible]
The fact is that the distinction
drawn between epidemic and [illegible]
diseases are altogether fanciful, contagious
diseases may become epidemic and
epidemic diseases requiring [illegible]
or atmospheric causes may become
contagious. [illegible] in instance
scattered cases of cholera [illegible]
the contagious [illegible] will
[illegible] occasionally [illegible]
parts of the country but [illegible]
it attacks great numbers [illegible]

[illegible] place on [illegible] the [illegible]
it resembles the epidemic, [illegible] the
contagious fever of Measles is obedient
to similar laws. But [illegible] [illegible] [illegible]
deep water and had better get back
for fear of being drowned. Suffice it
to say that [illegible] is a
very contagious disease. and that it is
often [illegible] [illegible] with a
[illegible] quickly to intense heat or
great [illegible] [illegible] [illegible] [illegible] a sudden
check of perspiration and a determination
made to the intestines. it is also occa-
sioned by noxious exhalations and vapors.
the [illegible] [illegible] of its [illegible]
are [illegible] [illegible] [illegible]
The rays of the sun [illegible]
of hot climates irregularly [illegible]
[illegible] [illegible] [illegible] [illegible]
and fretted food, and [illegible] a [illegible]
[illegible] [illegible] [illegible] [illegible]

this disease in [illegible] [illegible]
Cannot [illegible] be [illegible]
questions.

As this dissertation has already extended much beyond the limits which I originally assigned to it, I trust I may be pardoned for dispensing with this subject after I have offered a single observation on the treatment.

All enlightened physicians now agree with the illustrious Sydenham that the [illegible] of [illegible] in being able to discover the true curative indications [illegible] to [illegible] overlooked this point [illegible] [illegible]

[illegible]

[illegible]

[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] of [illegible] [illegible] [illegible]
[illegible] in [illegible] [illegible] [illegible] [illegible]
[illegible] fermentation [illegible] [illegible]
all the prominent and important
indications in the treatment of
dysentery.
The conditions permit [illegible] [illegible]
that beyond the inflammation
that [illegible] in dysentery [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] vomiting [illegible] [illegible]
the patient [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] treatment [illegible]

[illegible] fully as [illegible] to be [illegible]
[illegible] to [illegible] [illegible] [illegible]
properties of the common blackberry
and dewberry. red oak bark. and the
bark of the [illegible] [illegible] [illegible]
with other astringents in the hands
of the common people of [illegible]
[illegible] [illegible] [illegible] than the
[illegible] [illegible] of [illegible] [illegible]

Respectfully submitted
Richard Tas. Mitchell.

The
History of Six Cases.
Submitted as an
Inaugural Dissertation
To the Consideration
of the
Proper Regents
and Faculty
of the University of Maryland
For the Degree
of
Doctor of Medicine
By
William F. Carter
of Virginia
1874.

an Irish Labourer, 21 years of age
of apparently strong Constitution.
arrived at Pachmarr on the last
of May 1859. — Being five days
previous engaged in Packing Ice —
and exposed to many vicissitudes.
was taken with chill — followed by
fever, much sweating — pains in
limbs, insomnia etc —. for which
no remedial agency was offered — save
a dose of Salts —

On the sixth day of his indispo-
-sition a Physician was called in —
On account of acute lancinating
pains under which he was then
suffering — in most of the large
joints — deemed proper venesection.

His pulse was 90 full and firm
with a regular frequency of respirat.

Slight cough. — some precordial pain. Surface generally flushed. — face presents a bright rose color — gradually shaded to a lighter hue or dingier to neighboring parts.

From the detailed history which the patient gave of himself — of the enjoyment of good health, for the past ten years (previous to that time he had a similar attack) of his accustomed, healthy rise late at night and the exposure consequent upon it — : of the well defined symptoms, character and course which the disease now pursuing — attacking the principal joints of the upper and lower extremity — , for a time confining itself to a single joint at a, affecting several successively or successively — with lof

thirsty — violent in character
with exacerbation of fever in evening —
increase of pain — and profuse sweat
perspiration — led at once to the
the malady was acute rheumatism.

Seeing the imminent danger with which
he was surrounded, the patient was at
once set upright and bled to ℥xx
approaching syncope — taking twelve
ounces of blood — which was found
a buffy coat and evidence of
much inflammation. he was ordered

℞ Sodanacetas Nitratis ℥ss ex Aqua
ale ad lib bis. ℞ Pulv Ipecac gr x:

On the morning of the 3rd day
pain at precordium was fixed:
he ordered to be cupped between
shoulders and ad libitum: also,

℞ Cetacei ℥j
Pulv Acaciæ ℥j fiat linim.

one every night — Calchicum Morphine
continued as above.
pain in all large joints of body increased
on being moved ... a thorough
examination was made with Cost.
Ear and Stethoscope — for some
abnormal sound of the Heart — but
none was detected. —

On the third day — his countenance
presented the same appearance as on
the seconds, with a full and
hard pulse: last Night was freely
purged: — On examination this morning
with Stethoscope, a rubbing sound
was heard, between the fourth and
fifth ribs, on the inside of the
nipple; along the course of the
aorta, there was pain on percussion:
skin hot and dry, with
excessive throbbing of the carotids

The treatment was the same as on the second day.

On the fourth day:

His condition presented no characteristic changes from yesterday: rubbing sound less distinct to day: — No change of treatment from yesterday.

On the fifth day, the friction sound was not audible: — But an endocardial murmur, was distinct on the systole of the heart, — other symptoms as yesterday — Treatment the same — 5.

On the sixth day, he complained of pain between shoulders, pulse weak and strong: skin hot; stool daily — Endocardial murmur still persistent: three cups were applied between shoulders — and over the region of the heart, which caused pain on pressure: patient restricted to

very simple diet:, Remedies were continued.

On the seventh day:, the patient expressed himself as feeling better. pains in limbs very greatly subsided. the Endocardial murmur is not as audible as yesterday:- some lingering pain at Praecordium on deep inspiration: pulse 69 and shrieking:. To day there was dulness at Praecordium, on percussion-, skin hot. and slightly moist:, stools were fine yesterday and last night-, ordered to take by cups four ounces afterwards- also

℞. Calomel gr viij
Pulv Lauri ʒj

Misce. ft. cht IV. one each night

also ℞ Vi Colchicum ʒiss
Vi autumn ʒiij

S. gtts XXX every three hours.

On the eighth day, his condition was much improved — enjoyed a refreshing sleep last night: pulse 90. skin hot. No Praecordial pain: some endocardial murmur: stools since yesterday were two, continue treatment.

Two days elapsed without seeing him.

On the eleventh day: If any change it is for the better: sleeps well: pulse soft and compressible. he complains of some pain in left side was ordered

℞
Mass Hydrarg ʒ ss
Pulv Opii gr xij
Spicae gr xij

ft. pil xij. one each night.

also ℞ Vin Colchi gtts xxx

4 times in hour: Blister 4 x 4 over seat of pain.

On the 12. 13. & 14th He was comfortable pulse 92. skin cool. suffered from no pain

the murmur was still audible.
On the 15th day. he complained of some pain in left arm. bowels regular Urine and pulse natural. He continued with pills as above — in addition was ordered

℞

Guiae	ʒ ij
Potas Nitras	ʒ ij
Sulph flor	℥ o. ft. cht xij

one Tertia —
On the 16th day. felt well. walking about. Murmur still present —
visits of the Physician now discontinued.
This patient was today pronounced well —.

It is well to bear in mind that at least one half of the patients that have a severe attack of Acute Rheumatism, suffer under some Cardiac affection, Endocarditis or

Pericarditis (the former of which is stated to be the more frequent by one third) and if either of these affections are of long continuance, we may reasonably expect some pulmonary complication, as was clearly shown in the case preceding this — (by an examination after death). In this case also we had some marked symptoms, for a short period, diagnostic of Pneumonia. as cough Brown sputa &c.

We may therefore recollect that in acute Rheumatism, the Heart is not the only organ, that may suffer inflammation. The Lungs may and are often grievously affected — and it would not be amiss for the practitioner to be minute in his examination of these vital organs, for Pneumonia, Hemoptysis and Bronchitis are not forgotten.

I stated above that this patient was pronounced well — . But I think we may reasonably say — that from the day the Extraordinary Murmur ceased, and dullness was detected on percussion over the Pericardium — . The probability is that there was adhesions of the folds of the Pericardium — rather than a clearing up of the deposit — .

Mary Conner.
an Irish old Maid - 38 years of age - of Sanguineous temperament and great muscular strength. the picture of health. ——

was taken with an acute attack of Rheumatism in December 1852 - after suffering 24 hrs Dr ..... was called in. He found her face flushed: skin hot: Tongue furred: pulse 101 firm and full.

Her heart was carefully examined but no unnatural sound was heard. all pain seemed confined to her ankles - wrists and shoulders - the former of which was red and swollen. ——

The previous health of this woman was unsurpassed.

Her attack was no doubt brought by her having attended a funeral

Ball, the two previous nights - and participated freely - as well in the gay whirl of the midnight dance, as around the festive board - and exposed on her return home to the inclemency of a driving snow - in Ball attire.

She was taken with rigors - followed by high sthenic fever - pain and slight bronchitis: her wrists and ankles were simultaneously affected with pain, spreading to elbow - shoulder, knee and nearly all joints of the frame. heat and swelling were in wrist, ankle and knee - . a purgative was given her - Composed of Calomel gr x Comp ext. of Colocynth gr IV - which moved her freely. also ℞. Pulv Doveri gr x at bed time - . On the two succeeding days no marked change had taken

place in her condition. the same treatment was persevered in —.
On the fifth day of her indisposition — her face was not as much flushed — and pulse lower by the beat than yesterday, pains seized the wandering — attacking successively first one and then another point, and then two simultaneously — pain was not as acute in any single point as yesterday — But more general uneasiness —: Countenance expressive of anxiety: — bowels being freely opened last night. nothing was taken but a few grain dose of Lenitive powder at night.
On the sixth day. there was more quietude of body and mind — the fluctuating pain had ceased —: a thorough examination was made for some abnormal cardiac sound —.

None however was elicited: patient complained of precordial pain — and heavy aching in left shoulder —: three cups were applied over seat of pain: the anodyne at night was continued.

On the Seventh day of our visit and Sixth of her illness — Her pulse was firm and full, and accelerated to 100 over yesterday: pains in joints slightly subsided. Some precordial uneasiness; on examination we discovered a very clear friction sound or pericardial murmur —: from the crisis of affairs bending we no longer refrained from — a bain of blood was taken from her arm containing from 12 to 15 ounces: pulse still firm: in addition was ordered. 10 grains of Calomel with an eighth of a grain of tartar

every two hours: —

For the next four days. no marked change could be observed — Salivation was not produced — pains fluctuating: — —

On the Twelfth day — The Tongue was still distinct — pain still in wrist and ankles, — some Praecordial tenderness. pulse firm — at this juncture an advising Physician was called in — , a further abstraction of blood was agreed upon. — Eight ounces were taken by the lancet. — three leeches were also applied over Heart — . Calomel and Opium treatment as above — Continued — the pulse lost its fullness — .

On the following day the patient expressed himself as feeling ~~worse~~ worse — pulse now quite

and frequent pains had subsided.
The Epicardial murmur was less
audible - dulness on percussion -
Rhythm being suspended - the
frequency of the dose was diminished
to once every four hours - with an
eight grain dose of Dover's powder
at Bed time if sleep was not procured
without.

On our visit next morning
the patients condition was materially
changed -, She seemed weak &
and feeble, pulse ranging from
112 to 128, soft and compressible -
did not rest well last night.
Mind wandering -. our usual
safety examination - ascertained that
Endocarditis was present - The
Epicardial murmur was [illegible]
at each systole of the Heart.

The Lub, and Dub sound was not heard, most probably not because the Endocardial murmur was louder, but because adhesions had taken place between the pericardial folds, which is strongly corroborated by dullness over that region on Percussion.

The danger of the patient at this time was imminent. Her strength flesh of body and mind was fast failing. Nervous aprehension great. The indications of treatment now were something to buoy up life a little longer. Stimulants were resorted to freely.

On the following day, her aprehension was great. Endocardial murmur still present, but less audible. In addition to the above symptoms there to day discovered fine crepitation

well marked — and of considerable extent, in lower lobe of left lung — The patient lingered in this condition for three days — when she unconsciously breathed her last —

Auscultation and Percussion, revealed to us, prior to her death — that the pulmonic disease — had advanced — in left lung — to hepatization —

The endocardial murmur was persistent to the last — yet feeble — which arose most probably, not from a cessation of the inflammation — or clearing up of the deposit — But from the weakness of the

patient and want of nourishment to stimulate a proper reaction of the Heart &c.

An autopsy was not held.

But the Physical signs were sufficiently Pathognomonic of the Condition — as to make the prediction to pronounce with much certainty that it was Pneumonia superadded to the primary disease and Hypostasis.

These Two Cases were quoted to impress the minds with the frequency of Pulmonary affections in acute Rheumatism. Complicated with Cardiac Inflammation.

and in the words of an
experienced Physician,
"Knowing the intimate
dependency of functions
between the Heart and
Lungs, and finding
it strongly
best to suffer at first from
the same prevailing or
Everywhere Disease of the
Constitution. We should
be mindful to bend an ear
to its warnings."

Edwards.

aet: 15 years, of delicate constitution and feeble health from infancy, subject to frequent and severe headaches — a morbid and ravenous appetite — frequent emesis after meals — ardent disposition — impulsive, ambitious. I have known him and seen him almost daily for a year, during the whole of this period, have been struck with the oddness and singularity of his movements.

Frequently knocks him to a cups & at table, but attributes it rather to carelessness than want of power over the action of his muscles. Mind clear: and rather bright than the reverse.

Such is his history up to the first of November 1838. He continues

Sent to boarding school in Penna.
and under the rules and regulations
to which he was then subjected, his
strength rapidly failed. and he was
brought home January 3d 1853. in
an almost helpless condition —
a confirmed case of Chorea.

He came under the medical attendance
of a Doctor friend of mine — who
extended to me the privilege of seeing
the patient with him daily. —
He was then incapable of holding
himself still for one moment —;
either his hands, feet, mouth, eyes.
head or all together; — were perfectly
uncontrolable. —

He had lost all controlling
influence over his tongue — — ! could
articulate ~~with~~ only with the
greatest difficulty, and could

Scarce he understood when he attempted to speak. Had great obscurity of vision:— was unable to read. Could not distinguish one letter from another:— The printed page looked merely as an obscurely darkened surface.

Treatment.

He was put on Vermifuges gr x and Ferri. Carb. Pricip gr xx Ter die. Bowels were well opened by Rhubarb and Magnesia:— ; took some Jalapine from time to time— and persevered in the Iron and Snake Root. till the dose of the former was increased to grains xx. and latter to grains xl. and until he had taken in the aggregate ℥j of the former and ℥j of the latter—. at that time his stomach became nauseated

of these medicines, and was unable longer to take them. They were stopped.
The cold shower bath had been employed from beginning. He continued under this treatment for three or four weeks, without any apparent benefit:- even apparently worse: for he became unable to stand alone, and it was sometimes even difficult to keep him in Bed. - perceptible was his tendency to retention - all the symptoms as described above were aggravated -.
He was then put upon a mixture composed of Hyoscyamus. Tinc. Bark. Tinctura Tinc. Iron -: and Tinc Valerian - which his stomach bore very well -, and at the same time was ordered to take Cod Liver Oil: Continue shower bathing - was

carried frequently in open air, and sun light - but was guarded against fatigue - . Under this course of treatment he began to improve slowly, But so slowly that his friends became impatient - and an old Practitioner of this City was called in - -

The Doctor, was led to think that the obstinacy of the case might depend upon the habit of Masturbation - .

But all efforts failed - to discover any such habit. At the advising Physicians recommendation - he was in addition to the above, put on an half ounce of Decoction of Dulcamara, with four grains of Iodide of Iron.

Under this course he went on to improve rapidly, and without any change of treatment - was found at his by the last of March entirely recovered.

Leads and Falls without any difficulty.—
walks steady and firmly— presenting
a most striking contrast— between
the manly boy now, and the
helpless cripple of a few weeks previous.

———

Jim. Lihany!

Colord - aet 30. Sailor on Steamer Herald. Came under my observation October 1858. Saying that he had chancres himself, and had a swelling in his groin. upon examination of Penis and groin - a Bubo was discovered in right groin. also Paraphymosis. with a small chancre on prepuce — no discharge from urethra —

At first assumed disclaimed having had sexual intercourse with any one for along while —. But as his case was to plain to be mistaken finally acknowledged that he had intercourse with a woman eight days before chancres made its appearance. That swelling in groin had succeeded chancre about six days.

Constitution robust. Ust was treated
after farinaceous diet — Directed calomel
grains viij. followed by Salts ℥ss in
six hours: — Black wash to the
Chancre: — and Camphorated
mercurial ointment. rubbed well
into the Bubo. Chancre soon got
well under this treatment. —
Bubo increased rather than diminished
the effect of pressure was then applied.
But the Bubo rapidly advanced
to suppuration, was lanced
discharged a quantity of pus, was
dressed with lint — poultices with
Black wash, and rapidly healed
under this treatment.
Before first Chancre healed, another
appeared on Prepuse. my Dr. first
was healed with Black wash and
~~was~~ cured. In the mean time

a chancre appeared half inch within the urethra :- attracted notice by a slight white discharge from urethra, could be seen by dilating urethra with two probes - ! The constitution had been brought under the effects of Mercury slightly - by a grain of Blue Mass night and morning, the profusity of which being indicated by hardness of base of chancres.

The patient was apparently well, except the chancre of the urethra - which seemed to baffle all treatment. -

Remedies were applied to chancre by dilending the urethra with two probes and dropping in the liquids, or by injection. Black wash was used without any benefit. - The solid stick of Nitrate of Silver was frequently applied with out

little benefit. Aromatic lime was used without avail: and at was a saturated solution of Cupri Sulphas. The edges of the urethra at extremity of Glands Penis. were almost constantly stuck together. The first remedy which was applied was a tent smeared with Mercurial ointment to prevent sticking and confinement of matter and act as a healing agent to Chancre. Six weeks elapsed in going through the above routine of remedies. which left the patient in no better condition. than when first commenced.

For although the first Bubo and Chancre healed up. yet another Chancre had now made its appearance on Prepuce. another within the Urethra. and another

Bubo in left Groin –

The following plan was now adopted – with the most speedy relief and perfect cure –

It was put on the following pills. one Tr. die

℞.

Hydrarg: Protiodid: grs XXIV
Gum Guiac . . . . grs XLviij
Precip: Sulphur: Antim grs xij
Pulv: Opii grs IV
Comp. Sim. Lauenier. q.s. to mass –

Pil XXIV –.

under these pills the gums soon became slightly touched. The Bubo was rubbed twice daily with an ointment composed of Ungent. Hydrarg: and gum Camphor – slight ptyalism was produced and Bubo disappeared. The mucous

was dilated twice daily. and Hyd: Perchlor.
was dropped directly upon the
urethral chancre — also applied
to chancre of Prepuce — . This
means were continued, without
change, till a perfect cure was
obtained — and the Patient discharged
in ten days well.

John Riley!

age 53. of delicate health: Laborer:
was admitted in the Baltimore Infirmary
on the 28th of June 1853. sick four days
previous to his entrance: his pulse was
90. full & soft: skin hot: — Tongue and
Gums very great: — the number of
stools within the past 24 hours was:
character small and bloody: — Jacobs
before his admission in the Infirmary
took a pill composed of Blue Mass grains
followed in six hours by a dose of
sulphate of Magnesia. on the day of
his admission was ordered, R Mass Hydrargyri
ai Bolt tinct. — He was seen by
Dr. Mittenberger the attending Physician
to the Infirmary on the 29th of June 1853.
the 5th. day of his illness —
Today the patient skin warm. pulse
about as yesterday — much thirst

Tympania and Tenesmus troublesome -
during last night and this morning up
to 11 O.K he has had 12 Bloody and
mucous stools. was ordered

℞. Sulph: Soda. gr x
Ext. Opii gr 1/6

every 2 hours.

On the 5th day. No improvement was
ascertained - remedies were continued
as yesterday - in addition. Six cupfos
were applied over ascending and
transverse Colon: -

On the 7th day. he expressed himself as
being better: pulse was reduced to 84.
tongue furred. skin hot. 8 fecal stools
to day - tenderness not so acute over
abdomen as yesterday. has undaber
a. Tonics. was ordered. ℞ Plumbi acetat gr iij
Pil Opii gr ½ every 3 hrs. In day
Tympania and Tenesmus more painful.

On the 9th day. his pulse was 80 and compressible
skin had lost its heat and felt natural.
Stools last night were reduced to 4 — serous
in appearance and small — . from
irritability of stomach, could not take
the above pills — would vomit if he
even took one in hand — : they were
discontinued — and in the afternoon
mint tea was given — also was
ordered. ℞. Massa Hydrarg gr xij
Ext. Nux. vomica. gr IX
Pulv Opii — gr iij
ft. Pil xij. one to be taken Ter die —
also. ℞. Infusion Columbo ℥j
Aqua Calcis ℥iv
S. ℥ij. 4tis horis.
On the 10th day. His vomiting was
so obstinate on yesterday that
pills could not be taken. was ordered
this morning. ℞ Strychnin gr ½

Jordie. in simple solution ...
On Friday the 11th. his stomach is quiet — since yesterday this time has had ten stools — with a small quantity of fecal matter in them — cut restricted. ordered sulphate of Zinc injection —.

On the 12th day — the patient expressed himself as feeling better — stools less frequent — and containing more fecal matter — . Continue treatment. —

On 13th day: — skin warm. tongue cleaner than yesterday. the number of stools were fewer thin, but mixed with some fecalent matter. was ordered the Hopes mixture, every 4 hrs up to 4 P.M. — Continue sulph. Zn. injection —.

on the 15th day, his pulse was 90. skin hot & dry. had 8 stools through the night. they were represented to be similar to those of the two days past — vomiting had returned — ordered to omit Mistura Stopei — and in its stead

℞

Plumbi acetat ʒj
aceti ℥ss
Succ opii ℥xl
aquæ ℥j
M — ℥j — every 3 hrs — : —

On the 16th day — pulse was 96. skin cool. tongue moist — two stools through the night — was ordered —

℞ Infusion Rhubarbi ℥ij - ℥i. ac if his stomach does not refuse it. —

On the 17th day. skin was cool. tongue dry and red. stools continued in a frequent. ordered ℞ Pyrogylic acid

gtts XV — ay 3 hrs —
On 18th day. Pulse 80. Skin moist and
cool — tongue dry. — did not get
acid Hydrozyn — only one stool last
night — Beef tea sparingly
was allowed him —
On the 19th day. feel much better —
two small fecal stools last night.
Skin and pulse natural —
On the 20th day of treatment and
25th of disease. the Dr. pronounced
him — well — remedies were discontinued,
and a milk and nutritious diet was
persevered in for a short time — when
he took his departure homeward —

John Gyer

Shoemaker. Maryland. aet 43.
widower, of temperate habits; had
gonorrhoea 3 or 4 times - previous to two
years ago: is a native of Baltimore.
entered the Infirmary on May 24th 1853
sick 9 days with Edema of Scrotum.
first had pain along right spermatic
cord: then rapid swelling of Scrotum.
Pain is partially relieved and the
urethra is sounded easily - has for
years past had intermitting Gonorrhoea
for which he was treated. No exciting
cause assigned for its present recurrence.
Two years since had suppression of
urine for 24 hrs, has dysury, voids
about a gill at a time - no any fine
stream - micturition too frequent -
several calls each night: urine light
loaded with mucoid,

patient looks haggard and broken down.
found discovered a stricture anterior to bulb.
the smallest sound could not be passed
beyond: scrotum is enormously distended
pitting on pressure: is neither tense nor
shining. infinitely at the root of penis
was a collection of pus. from which
ʒij or more was discharged by fre
mission: a band of hard lymph is
discoverable laterally on right side
of scrotal sac: vij leeches were applied
to scrotum, and an anodyne
mixture: broad poultice, and ice pack
to tumour, also ℞ soda bicarb ʒiss.
~~Ext Hyoscyamus~~ Ext Hyoscyam. ~~ʒss~~ ʒij
aquae ℥vj misce. S ℥ss 4tis horis:
his pulse has 104 and weak: skin cool:
complains dull dragging pain in scrotum:
daily stools from magnes. sulph.
some hysteric nervous symptoms, dismissed:

has not slept for several nights past.
May 25th. Fever & suppuration: less oedema.
by urethra indicated drops of urine
preceded by two or three drops of pus;
thinks urine passes by perineal opening.
Continue poultices, and diuretic mixture.
May 27. — Stricture impenetrable — less
swelling of scrotum. —
May 28. Got bougie No. within the
first stricture, urine passes chiefly
through the incision —
June 8th. Got Bougie No within the
first and second stricture —
June 11th. Yesterday at noon, without
any known cause, there occurred
very considerable edematous swelling
of scrotum on right side, preceded
by pain: Febrile disturbance: urine
passes freely through its natural outlet,
and through the incision also

he was ordered. ℞ ammonia, muriate, ʒiss
alcohol ʒj, aquae ℥xv. apply lotion
freely! also. ℞ Sal. Rochelle ℥ß —.
June 13. Swelling by much tumefaction
& hardness not so great. The body of
lymph is both broader and longer and
broader than 15 days ago. The discharge
of pus is diminished.
June 14th. Catheter No 2. was partially
introduced: some bloody serum was
let out of scrotum by lancet.
June 17th. Scrotum and Penis look
natural: a few drops of urine stil
pass — through the lower incision —
June 28th. Fast Improving.
June 30th introduced stil larger and
up to second stricture: Testicles
softer: placed a lymph permanent —
ordered to use in 4 English pounds.
Rolinder —

An

Inaugural Dissertation

on

PUERPERAL FEVER.

Submitted to the Provost, Regents and

FACULTY OF PHYSIC,

OF THE

UNIVERSITY of MARYLAND,

FOR THE DEGREE

OF

DOCTOR OF MEDICINE.

(BY)

EDWD C. SOHN:

OF Pennsylvania.

The Diseases peculiar to the Female sex and more especially those occurring in a state of [illegible] are highly interesting, and have been the subject of [illegible] excited the attention of [illegible] but they are yet marked by a degree of [illegible] which demands the attention of each member of the healing art, and calls on him to [illegible] all his [illegible] and talents in attempting to alleviate the sufferings to which every woman is subject in the performance of this function. To witness the [illegible] sufferings of a [illegible] woman is to a mind of sensibility at all times painful. But [illegible] the husband to whom she is most closely endeared, and the infant to whom she has just given birth, must be forever deprived of [illegible] [illegible] most [illegible] [illegible] [illegible] exquisite is the [illegible].

The disease [illegible]

I have referred and which shall be the subject of my Thesis is known by the name of Puerperal Fever, the name generally employed by medical writers, and is considered to be synonymous with the terms Puerperal Peritonitis, Childbed Fever, peritoneal Fever, or the epidemic disease of [illegible]

It is [illegible] which the subject has received is by no means [illegible] its antiquity as an object of [illegible] in the foremost ranks of the Obstetric [illegible] that dread name, although they are [illegible] sect,

[illegible] I have not the vanity to suppose [illegible]

[illegible] and [illegible] with the interior of the [illegible] tissue, [illegible] however that it is capable of receiving addit[illegible] [illegible] the subject of my thesis. [illegible] in the prosecution of this dissertation I will give a summary of the opinions which now exist, together with that of [illegible]

[illegible] of [illegible] applied [illegible] [illegible] of the [illegible] that the [illegible] [illegible] have [illegible] the [illegible] the period of [illegible] been liable to attacks of this destructive affection, and that the [illegible] upon [illegible] opinions have [illegible] respecting the nature and treatment of the disease.

Van Swieten & Leavet have [illegible] the [illegible] to [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] opinion that uterine inflammation is the cause of the disease, [illegible] opinion, [illegible] that [illegible] the [illegible]

[illegible] of [illegible]
[illegible] of milk and Lochia, are effects
[illegible] of the diseased action
[illegible]
many when inflammation takes place in a part, there is a determination of fluids to that part, and the strong sympathy naturally existing between the Uterus and Mammae, rationally accounts for a subsidence of this discharge. And again, I think a suppression of the Lochial discharge is probably caused by an engorgement of the [illegible]

Hulme & Leake suppose this disease to [illegible] upon an inflammation [illegible] intestines [illegible] by the [illegible]
[illegible] affec[illegible]
who have [illegible]
that the [illegible]
[illegible]
[illegible]

[illegible] on dissection, it consequently can
not be considered as an inseparable
[illegible] the disease

[illegible] of the disease, and how
a mighty Monarch it calls [illegible]
[illegible] auxiliary, and those con
[illegible]
[illegible]
action, and all the
[illegible] which
and the effects of inflammation
[illegible]
[illegible]
[illegible]
[illegible]
is assigns as [illegible]
[illegible]
in the middle inflammation
[illegible]

[illegible]

[illegible] the [illegible]

Uterine inflammation: for this organ during the [illegible] of pregnancy [illegible] the seat of sympathy, and it appears as if it called to its aid all the resources of the animal economy, in the formation of the new and living body, and consequently if the [illegible] destroyed the whole system is driven into [illegible]

Some [illegible] have supposed it to be a modification of the Typhus or bad fever and others again believed it to be inflammatory [illegible] strong and rapid tendency to putrescency in its progress.

[illegible] of the former opinion are Dewees, Armstrong & Gordon & [illegible] in the other [illegible]

have on Hamilton a Dennan and a Burns; as firm supporters of the latter opinion, and which for a long time was considered the true nature of the disease.

It has been the opinion of some authors who have written on this disease, that it is of a contagious nature and that this opinion is founded on the general prevailing idea of either its appearance in the city in crowds of an hospital, and it is also a point of practicable importance to determine how far contagion is to be considered as a cause of the disease.

Dr [illegible] opinion of [illegible] more contagious than [illegible] a [illegible] also in [illegible] the [illegible] case.

[illegible] the evidence of [illegible] the [illegible] of contagion [illegible] [illegible] for [illegible]

infirmary frequent [illegible] have been placed in the Infirmary, where they were surrounded, by some of the most Infectious malady without imbibing the germ of the disease, and that still more frequently the [illegible] newly delivered brought into the Infirmary [illegible] not contract the raging malady notwithstanding the miasma which surrounded them;

But again we have sufficient evidence upon the other hand to prove that it has raged as an Epidemic at different periods with great violence, and has [illegible] Contagious; For it appears and has [illegible] that [illegible] is specific [illegible] Constitution of the atmosphere."

For it is their opinion that this disease

[illegible] be conveyed from Lying in
[illegible] by Physicians who have
[illegible] the [illegible] of [illegible]
disease [illegible] opinion [illegible]
[illegible] puerperal fever may imbibe the
[illegible] and communicate [illegible]
[illegible] [illegible] opinions.
[illegible] [illegible] once
[illegible] [illegible]
[illegible] disease [illegible]
communicated [illegible] have
[illegible] Instances to show and dishonor
[illegible]
[illegible] [illegible] to [illegible]
[illegible] in the Medical [illegible] in
[illegible] County [illegible]
[illegible] the [illegible]
[illegible] precepts [illegible] [illegible] [illegible]
[illegible] which [illegible]
[illegible] [illegible]

he readily yeelded to moderate defil
ion

although other practitioners of the same
fean differed with him in opinion
and treated it according to the fcan
laid down by European writers, whilst
their general success was such as by
no means to warrant a continua-
nce [illegible]

an attack of the disease armed with
a lancet, and his success was such, as to
force [illegible]
[illegible]
requires the use of the most prompt and
[illegible]
symptoms. This [illegible]
[illegible]
[illegible]
[illegible]
case the disease cannot be without adding ano-
ther [illegible]

[illegible] should
[illegible]
[illegible] of a happy and speedy recovery
[illegible]
[illegible]
[illegible]
[illegible] a
[illegible]
[illegible] a unfavorable prognosis of the termination of
the disease. a long and [illegible] child
in many cases an unfavorable symptom; this
child was [illegible]
[illegible]
[illegible] in a [illegible]
in a [illegible] manner; [illegible]
countenance, acceleration of the pulse and
quick respiration, thirst and sometimes nausea
and [illegible]
[illegible]
[illegible]

The pulse early in the disease was generally
[illegible], not in the course of a few hours
[illegible] weak and quick; beating at the rate
of from 120 to 150 in a minute. [illegible]
[illegible]

[illegible] becomes [illegible] in the [illegible]
the [illegible] comes [illegible]
or [illegible] [illegible] the [illegible]
the bed clothes inflict great pain.
And [illegible]
[illegible] by [illegible]
If the [illegible]
[illegible] [illegible] [illegible]
The pulse becomes weak and fluttering, the
[illegible] [illegible]
it [illegible]
Clammy sweat breaks out on the whole body
after which all pain ceased and the patient
would fall into a low comatose state
from which she [illegible]
d,
But [illegible]
[illegible] [illegible] the unusual
[illegible]
[illegible] and [illegible]
[illegible]

and in extent varying in [illegible]
[illegible] in pain and affection of the head
is not invariably a concomitant or [illegible] in
this disease; for it sometimes happens that the
intellectual faculties remained sound until the
last moments of the patient's existence.
The disease was [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
attack, those cases recovering most rapidly,
in which the attack was delayed until the
[illegible] [illegible] [illegible] [illegible]
so that [illegible] [illegible] [illegible]
the [illegible] of the [illegible] [illegible]
[illegible] in some cases [illegible]
forty-eight to seventy-two hours from [illegible]
[illegible], in others being protracted [illegible]
of days and weeks.

It is an axiom in medicine that [illegible]
diseases require [illegible] remedies, which is
perhaps in no one instances more justified
than in the treatment of this disease

If there is inflammation existing in a part, which though at necessary [illegible] in [illegible] nature is supposed to serve or draw into action with it parts which may not [illegible] ably prove so; It therefore becomes Physicians to employ the most powerful remedies the science of medicine [illegible] afford to [illegible] ate these effects;

The method of cure which was found most successful during the prevalence of the disease, was early bleeding. [illegible] bleedings if called within twenty four hours [illegible] after, it was the practice of [illegible] proceeding to [illegible] the patient in an upright position [illegible] forty oz and in persons of full and plethoric habits to carry it even ad deliquium animi; under this treatment, the pulse which had been previous to this small quick and frequent [illegible] full [illegible]

[illegible] within a few hours after this bleeding it became necessary to [illegible] the epigastrium and carry the use of [illegible] When the [illegible] has been taken off, it [illegible] encouraged by warm fomentations or by [illegible] applied to the epigastrium.

If the [illegible] not [illegible] four grains of calomel powder and one and a half to two grains of opium or [illegible] medicine was repeated every three or four hours [illegible] by the usual depletion revulsion [illegible] and [illegible] was found [illegible]

ther with an application of blisters to the [illegible] and [illegible]).

With regard to the diseases of patients laboring under this distressing disease it is necessary to say but little. The patient must be confined to light farinaceous articles of food, when any is necessary, and drinks freely of mucilaginous or demulcent fluids.

[illegible] occurred on late in life. [illegible] but in taking leave of this subject I would hand to view for a moment the dire shadows of the past in the light of other days and later years indelible lessons from the reminiscence.

No doubt in the days of Galen and the ancients, the disease of Cicuta was more common than now [illegible] in the opinion that the [illegible] inoculated were infectious, the [illegible] cians at the present day, and the [illegible]

as persons having authority, pointing the
evidence of the world until their tenets
were proved to be erroneous in their suc-
-cessors, thus establishing different
doctrines, and these in their turn shar-
-ing the fate of their predecessors and
so on successively down to the present
time. In the present state of medical
science therefore we must not infer
that perfection has been arrived at
but only that experience has
that the medical course now taught
is the best with which we are acquain-
-ted. And of the institutions at which
this is taught in purity and conscien-
-ciousness I prefer the University of M.

A. T. 1854

An

Inaugural Dissertation on

Yellow Fever

Submitted to the Examination of the

Provost, Regents and Faculty of Physic

of the

University of Maryland.

for the

degree of Doctor in Medicine.

By

George Washington Weems jr.

of Maryland.

Yellow-fever

This is a disease of a peculiar kind. It takes its name from the yellowness of the skin, which is said to be pretty usual, though by no means universal. Nor is it general, to the existence of the disease. Neither is it said only prevails within limited districts and occurs at certain seasons of the year.

From the given accounts it appears, that for the production of this disease, a temperature is required ranging from seventy nine to eighty degrees Fahrenheit. The heat of temperature of seventy must be continued for two or three months. This disease is said to be seen, but seldom mortal.

forty degrees. The season of the year in which it most commonly occurs is the latter part of summer and beginning of autumn and ceases when frost makes its appearance. The places to which yellow fever seems most to have preference are towns or indeed any localities where numerous beings are crowded together such as garrisons, ships &c. From among it seems most to visit towns situated upon the sea coast and upon streams emptying into the ocean.

Yellow fever is said sometimes to occur, but it might perhaps be safely said hence to cease as a prevailing disease in dense populations. Not in parts of the country situated at considerable distance from navigable waters yellow fever occurs as an epidemic

in different places has been made to different characters, the effects of miasmatta is said sometimes to cause a resemblance in its symptoms and course to malignant Bilious fever. The effluvia generated among filthy masses of people is supposed to give it in some instances a typhous form.

Many vessels on ships and in quarantines, have been thought often to have modified its form according to accounts gotten from. May occur in every grade of violence, from a chilling but at all alarming to a most fatal malignancy, depending it is most probable upon the difference in the constitutions of individuals and difference in intensity of the cause. As regards an attack of yellow fever it is sometimes preceded by symptoms common to fever —

It sometimes makes its attack abruptly in the midst of apparent robust health, a marked characteristic of this disease is that it is said to come less frequently and perhaps more gently in the night than at any other time. In the beginning of this disease there is generally some chilliness which lasts seldom longer than to rigor. In the beginning of this disease the phenomena most characteristic appears in the back and limbs, after which action is established there is a hot dry skin and frequent pulse with hurried respiration and flushed face the eyes are red and watery the tongue is generally moist and covered with a white fur the thirst is very slight so much so that deglutition is sometimes difficult there is sometimes wandering of the stomach with or

nothing transitory, from the commencement of the disease though in the majority of cases the gastric symptoms are not felt during the first twenty four hours, the patient complains of weight and tension in the epigastrium, pressure there then causes severe pain. The patient is unable to retain any food taken into the stomach it being regurgitated but after the stomach throws up it is now much better when undisturbed. The act of vomiting it is said is then no disturbance from the excessive tenderness of the stomach. Flatulence is sometimes a very troublesome symptom. It is said the patient is almost always thirsty for cold drink and ice held in the mouth and allowed to melt is the grateful it always has it was for a time

The intense gastric heat, the bowels are generally costive and when discharges are obtained they are generally very offensive. It is thought perhaps the patient suffers more from nervous symptoms than anything else. There is generally headache which is often very violent and continues through the period of febrile excitement. The pains in the back and limbs it is said are often exceedingly severe. The mind of the patient is generally much disturbed. He seems anxious and restless. Delirium is often a very common symptom. The febrile symptoms it seems generally continue with little or no remission from a few hours to two or three days and sometimes longer. In the most violent cases it is said to be shortened in the duration of the fever finishing its course all the symptoms commencing subside. The patient may be cured often from a

Sitting up while he perhaps not, if it sitting in a chair nothing changed and when asked how he feels he — replies it is most likely answer by saying that he is well. Thus friends and himself are deceived as regards his situation and indulge in strong hopes of his recovery. This subsidence of the symptoms is to be regarded a delusive calm.

Convalescence sometimes takes place from the subsidence of fever, in mild cases, though generally the fever is yet to come, the appearance of convalescence may continue for a few hours or days, to continue for seven or nine hours after which time prostration takes place the weakness is sometimes extreme the pulse become quick and feeble the skin of the patient as has been mentioned assumes a yellow hue the blood seems as if nearly stagnant in the capillaries —

so that when pressure is made upon any part the blood departs and slowly returns. The most dependent parts of the body, such as the back and extremities become of a darkened hue. The tongue is much often swollen day and fourth. Vomiting often forms a part of the train. The stomach becomes irritable. There is vomitted black matter. Known as the black vomit. This has been supposed to be bile, but is now universally admitted to be altered blood.

As it regards the contagious or non contagiousness of the disease, it has been accounted for in different ways. Strangers it is said coming to a place are more liable to an attack than the inhabitants and whites are more liable to it than negroes. Of the proximate nature of yellow fever nothing definite is known.

The diagnosis it seems is not easy in the first instance. but as it advances, the pains in the back loins &c and finally the black vomit is sufficient to render the diagnosis certain.

The Prognosis of this disease is generally to be regarded as unfavourable though it is thought to depend very much upon the person attacked and character of the epidemic.

Anatomical Characters

The mucous membranes of the tract are often found injected and serum effused into the cellular. The liver is changed in colour and consistance. The stomach generally presents traces of inflammation. Seen the fau and in perfect cancers. I have seen in Yellow fever. I now pass to the treatment of which I shall be

to be as brief as possible.

It is said that the early stage of the disease Rheumatism is not much irritability of the stomach that an emetic is required in particular when the stomach is deranged under the other circumstances should it be used.

Bloodletting is said sometimes to be useful but should not be used except in the very early stage of the disease and it should not be used from empty if it be called for by the violence of the symptoms and state of the pulse. Mercurials are said at all times to be highly useful in this disease they should first be used with a view to their cathartic effects and afterwards to their specific influence as speedily as possible. Antiphlogistic remedy must also be used such as ice

quin internally and hot sponging externally the hot sponging should be used with great caution, for as I have mentioned also always the excessive irritability of the skin & it is often it is said relieved by the use of effervescing draughts and sinapisms or leeches externally. Violent pain in the head may often be relieved by the use of cupas or leeches together with cold applications to the part.

As the disease advances or in what may be called the second stage the febrifuge and depletion remedies should be stopped except the mercurials to which may be added acetate of lead for diminishing as much as possible inflammation of stomach and for its astringent property blisters may also be used the epigastrium and when

remove the raw surface of the part, may be sprinkled with acetate of Morphia

Still as the disease advances, in what is called the third stage cordials and stimulants are to be used internally also — stimulants externally. The apartment of the patient should be kept clean and well ventilated.

Having now finished my imperfect thesis, which it is hard worthwhile for me to say is theoretical, as a practical one on the subject cannot be expected. I hope you will take all things into consideration and pass lightly my imperfections with light respects and esteem. I am yours respectfully,

Geo. W. Thomas Jr

An
Inaugural Dissertation
on
Typhoid Fever
Submitted to the Examination
of the
Provost, Regents and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Chas. E. Tan
of
Maryland.

February 1864.

Typhoid Fever.

This is a common febrile affection, which, though presenting a diversity of complications, is attended by a set of symptoms that sufficiently determine it, in all its forms, as one and the same disease.

Typhoid Fever does not always commence in the same manner. For some days before the disease assumes its distinct aspect, and even while the patient continues to pursue his regular occupation, there are certain symptoms present, which may be termed premonitory. The insidious is the attack, most commonly, that it is almost impossible, and always difficult to mark its precise beginning. The symptoms that [illegible] have termed premonitory are such as evidence some disturbance [illegible]

healthy condition of the nervous system. The patient appears in a languid and sometimes listless state; pursuing his avocation with diminished energy, and often apprehensive of some impending evil. He seems disinclined to any active mental exertion, and his perceptions are less clear and distinct than usual. The countenance is anxious, and evidences considerable inward distress; the features are pale, sharp and shrunken, and so changes the general appearance as to appear a good diagnostic mark of the invasion of some pulmonary disorder. His appetite begins to fail, his tongue is coated with a white fur, and the entire digestive apparatus seems to be deranged. He complains of boundings pains in his head, back and limbs. On occasion of coughing

chilliness, with alternations of heat; is generally experienced, and feeling drowsy during the day, is yet unable to obtain refreshing sleep at night.

Instead of commencing in this manner, in all cases, the fever sometimes appears abruptly, the premonitory symptoms being absent: commencing as it may, when fully established the symptoms are sufficiently prominent, as a general rule, to render it comparatively easy to form a diagnosis.

The symptoms that attend the disease are conveniently divided into those that are present during the 1st, 2d, and 3d weeks.

The attack is generally ushered in by a chill, sometimes attended by an intense headache, which, in some cases, remains a prominent

symptom during the primary period. After the chill reaction takes place. The pulse becomes more frequent than in health, the surface of the body dry, and there is general derangement of the digestive functions, with a dry and furred tongue, and some cough. A purplish flush of the face, or a dusky complexion, with more or less heaviness of expression in different cases. The pulse, however, in some cases instead of being accelerated, becomes slower than natural. As a general rule, it is quickened in those constitutions that are called irritable. In some instances it soon rises to 120 beats in a minute, whereas, in a strong and vigorous constitution, it may not exceed 90 in the same period. A g-

ling sound is also heard over the right-axillary region. During the period of invasion there is more or less looseness of the bowels, or an unusual susceptibility to the action of cathartics, and during the first week of the disease there is generally considerable diarrhœa present. In connexion with the cough, the respiration becomes hurried, and by a careful examination there may be detected some diffused dry rhonchi. The urine becomes changed in quantity and quality. Another, and almost distinctive symptom that presents itself, is bleeding at the nose. The amount of blood lost is usually small, but in some rare cases quite a profuse hemorrhage takes place. The symptoms manifest a tendency in

some cases to remit daily or twice daily, and the exacerbation to subside after profuse sweating, though this is not so common as in the malarious fevers, and probably only occurs in those patients who had been exposed to the marsh poison.

The aspect and position of the patient is peculiar. He generally lies on his back, with his features fixed and expressive, evidencing, at least, total indifference to everything around him. He responds when briskly addressed, and gives rational and intelligent answers to the questions propounded to him. Towards the end of the first week delirium generally sets in. The prostration of muscular strength is very great. Sometimes during the first stage of the disease

especially when the nurses are relaxed, the prostration is so great, or the tendency to stupor so manifest, that he voids his excretions in bed without being conscious, or if conscious, without any effort to prevent it.

In general, no change for the better takes place during the first week, but what are called the genuine typhoid symptoms develop themselves more distinctly.

Symptoms of the 2d. week.

Those that have been specified are augmented. The pulse becomes more frequent, weaker and more compressible. The temperature and dryness of the surface are augmented so considerably that they are often denominated as being acrid or pungent, and the color of the face deepens.

The tongue becomes dry, brownish, and tremulous, and sordes, which were scanty during the first week, increase on the teeth and lips, and assume a darker hue. The delirium that made its appearance towards the termination of the first week, becomes more manifest, with deafness and more general derangement of the nervous system. The patient frequently experiences considerable difficulty in swallowing. He lies on his back and sinks down in bed, being unable to raise, or more probably unable to bear that amount of voluntary exertion that would be sufficient to place him on his side. Owing to the extreme muscular prostration, at this advanced stage of the disease, to paralysis or debility of the sphincter muscles, the

continues to pass his stools in bed, and frequently the urine dribbles away, and these are matters that will demand the attention of both physician and nurse. It is highly important to keep the patient clean and dry, the irritation of the urine and fecal matters tending to produce sloughing ulceration. To guard against the bladder becoming unduly distended, the attendant should make daily enquiry concerning the amount of water passed, and carefully examine the hypogastric region at each visit. The two most prominent symptoms which are, in most cases, present during the second week, and which attract our especial attention, are the delirium and the peculiar eruption. The delirium generally appears in making from stage.

Sometimes it is violent, the patient making efforts to get out of bed, and talking continually, and with great earnestness in a loud voice. But as a general thing, it is a tranquil delirium. He lies in bed, with his mind apparently wandering to other objects than those by which he is surrounded, and muttering only disconnected sentences. Sometimes he imagines little objects floating before his eyes, and makes attempts to catch them. This is considered an unfavorable omen. All this evidences cerebral congestion, being mild in some cases, severe in others, with every intermediate gradation. When the delirium commences it seems to take the place of the severe headache, which had been distressing the patient.

Bed sores are very apt to occur, especially about the hips and sacrum, but so impaired are all the senses of the patient, that you are not aware of their existence, until you make the discovery by examination. I noticed during this stage of the fever in the several cases I have seen the total indifference the patient manifested to his condition. If asked how he felt, he would almost invariably say he was quite well.

It is at this period, as I have before remarked, that the eruption which in the majority of cases occurs, generally makes its appearance. In very few cases is it observable earlier than the second week. It consists of small red spots, of a blunt - lenticular shape, either not raised above the surface or but slightly raised.

They may be made to totally disappear upon pressure, but speedily return upon its removal. They are generally first observable on the abdomen, and are sometimes very few in number, while in other cases, they are sufficiently numerous to cover both abdomen and thorax. Their intensity of color depends upon the complexion of the surface on which they exist. Upon the skin is white they are of a distinctly rosy hue, while on a brunette they may not be noticed. Their duration is various, disappearing in some instances in a few days and continuing in others for ten weeks or more. This eruption is one of the most distinctive and characteristic symptoms of typhoid fever. Another eruption, which is not considered peculiar to this disease, is sometimes observed. It is most-

frequently found on the thorax, along the sides of the neck, and about the axillae. They consist of small, transparent elevations of cuticle, containing a clear watery fluid, and are called sudamina. These vesicles are so transparent that if you look upon them in a perpendicular direction they are apt to elude your observation. These spots might be confounded with flea and mosquito bites, but this distinction is easy to make by using a little careful observation. The bite of a flea is more distinct, and by using a microscope a small point can be seen in which the bite was inflicted. Mosquito bites are large and generally occur on the hands and face, and they may be determined more certainly by mosquitoes being found in the room. Urticaria.

previously mentioned diarrhoea as a symptom very common at this period of the disease, and from this we would readily imagine the existence of some intestinal complication. But independent of this symptom we have but little upon which to base such a conclusion. The patient seldom complains of much or any pain in the abdomen, which may be attributed to the general loss of sensation, but if you make pressure, especially in the caecal region, by carefully watching the countenance and movements of the patient you may detect something upon evidences that he experiences pain. The stools are thin, and of a yellowish pea soup color. When evacuations of this character continue for several days, it may be safely taken for granted that there is some change in the mucous membrane of the bowels.

In connexion with stools of this kind, some blood is frequently passed, and when this happens, it renders it somewhat certain that ulceration exists. The discharge of blood is sometimes so profuse as to exhaust the patient instantly, but it more frequently occurs at intervals in smaller quantities, which nevertheless though as effectually wears out the remaining strength of the patient. Besides this, hemorrhage of a passive kind may take place from the bowels, in connexion with other pulmonic symptoms as frequently occurs in scurvy and purpura. In blood at this stage fails to coagulate when taken from the body, or if coagulates its tendency to do so is greatly diminished. Death sometimes takes place in the second week.

In the third week the symptoms

vary according as the disease is to terminate favorably or unfavorably.
When the attack is about to terminate favorably all the prominent and formidable symptoms diminish and abate. The delirium, which was so manifest during the second stage, begins to decline, and the patient becomes more attentive to the questions proposed to him. The bitters, so constantly complained of, pass away and he once more relishes food and is interested in what is transpiring around. The temperature of the skin becomes more natural, and the tongue, instead of continuing dry and brown, becomes moist and cleaner at its edges. In other instances, especially in severe and protracted cases, instead of clearing gradually in this manner, it throws off its fur in flakes from the centre to the edges

root, leaving the mucous membrane smooth and red. It relines the lacunæ itself and then contracts again, and this may be repeated several times; but if it becomes clean and continues moist, it may be inferred that the case will ultimately terminate favorably. The pulse becomes more full and less in frequency. The tympanitic state of the abdomen diminishes, and a disposition to take food is evinced by the patient. The involuntary evacuations cease, the patient being conscious of a desire to go to stool, and makes his wants known to his nurse. The irritation, which was very great through the attack, becomes more superficial than it was at any previous period. The attention of the patient is continually directed to

whereas, in other cases, it is so gradual that it cannot be fixed, with any degree of accuracy at what time the improvement commenced.

When, however, the disease is about to terminate unfavorably, the character of the case is quite different. The pulse sinks, and becomes frequent and fluttering, or else is scarcely perceptible. As a general rule the pulsations increase in frequency, numbering sixtyfive to one hundred in a minute. The more rapid the pulse, the greater the danger of death. In the latter stage it is frequently intermittent. The strength becomes exhausted, and the whole surface bathed in a clammy sweat; the abdominal distention is augmented, the

countenance becomes sharp and pinched, presenting the Hippocratic face, and the patient may pass quietly and composedly — as if sinking into a peaceful slumber. On the other hand, the termination of life is attended by the most violent and distressing convulsions. Death does not always take place in the same manner, sometimes occurring from coma, or from apnœa, from asphyxia or from anæmia. Dr. C. J. B. Williams is of the opinion that it most frequently comes from hæmorrhage. There is occasionally another distressing termination of life which it is necessary to notice. Sometimes, even when the patient appears rapidly convalescing, and without any premonitory symptom,

he is suddenly seized with intense pain in the abdomen which becomes so tender to the touch that the coverlid cannot be borne. In other cases there may be no pain, but simply tenderness. The patient lies on his back with his knees drawn up, and his countenance assumes an anxious expression. The pulse becomes frequent and wiry, the stomach irritable, and the bowels constipated. The cause of this symptom, is perforation of the intestines by an ulcer allowing the escape of their contents into the abdominal cavity, thus giving rise to acute peritonitis. Experience has proved that the mild and less aggravated cases are more liable to this mode of termination than those more acute and active in their course.

The duration of the disease is indefinite, but generally protracted. It usually continues from twenty to thirty days, and rarely longer than sixty.

From the few authorities I have consulted, and my limited observation, the statement I have given of the nature, progress and termination of the disease under consideration, will apply to the majority of cases. Yet there are many cases in which peculiarities occur. There may be one in which but a moderate degree of febrile action is present, with some mild tendency to diarrhoea, and perhaps a few rose spots. Such cases may not present many of the distinct typhoid symptoms, and yet they are not infrequently mistaken for some mild bilious remittents.

Occasionally cases occur in which the diarrhoea is the most prominent symptom, and upon a slight examination it might be supposed that the disease consisted essentially of some chronic disease of the mucous membrane of the intestines. Again, there may be cases in which some gastric and hepatic disorder, or one of them, at least, may be most distinctly marked. Sometimes the pulmonary symptoms may be the most prominent. "A cough of the ordinary dry or mucous cough and bronchial rales, with little or no oppression, may be followed in steady expectation, shortness or difficulty of breathing, sometimes pain in the chest, and the physical signs of congestion and consolidation."

In this may be cases in which the

central disturbance may be most strongly evidenced.

I. Anatomical characters.

The morbid changes detected after death from typhoid fever are divided into the essential and accidental.

The intestinal canal is furnished with numerous little glands or follicles, scattered over the inner surface of the mucous membrane. Of the glands to which our attention is especially attracted in looking for the changes after death from this fever, are the solitary glands and the patches of Peyer, which are found in greater abundance in the lower part of the ileum and coal lead over the cecum and colon, varying in number as you extend towards the jejunum. Tolerably thin

these glands are subject, are inflammation, hardening, enlargement and softening. It would perhaps be sufficient to say that they present the changes which usually exist where inflammation had previously existed.

Sometimes the ulceration of these glands proceeds far enough to destroy all the tunics of the intestines allowing the escape of their contents. When ulcers are found they are most numerous in the lower part of the ileum, and near the valve, probably because the glands are most numerous in this situation.

Not only are the patches of Peyer found in this condition, but the mesenteric glands are also changed being sometimes found in a state of ulceration.

The mesenteric glands, corresponding to those of the intestines, are diseased

red, hard, and enlarged, and their change has been considered by some as being secondary to the changes in the intestinal glands. The alimentary canal in this condition is exceedingly interesting, affording as it does the cause of many of the symptoms that are present during the different stages of the disorder. It is thus enabled to account for the persistent diarrhœa, and for one of the forms of hemorrhage from the bowels, as well as for the uneasiness experienced when pressure is made over the cecal region. So generally in the past found thus altered and unused, that some pathologists have conceived each lesion as being the essential cause of the fever. This is deem a mistaken notion. It has generally been found that the most severe cases are

proving fatal, have presented but few of these glands in an altered condition, while those cases which have been comparatively mild in their course but finally terminating in death, have exhibited the most astonishing amount of disorganization. The mucous membrane between the palate is generally inflamed and thickened

These changes in Peyer's patches and the mesenteric glands are the essential alterations, the following are the accidental.

The mucous membrane of the pharynx and oesophagus is sometimes inflamed. The mucous membrane of the stomach is generally found more healthy than in subjects who have died of any other acute disease, but in some cases it has been found softened, reddened and ulcerated.

The lungs are frequently found in a state of engorgement and consolidation, sinking in water and smaller in bulk. These alterations are generally found in the posterior parts of the lower lobes. This state of engorgement may, in a measure, depend upon the gravitation of the blood to that part which is most depending. They are also not infrequently found in a state of hepatization, and even infiltrated with pus. The colon generally contains a large quantity of air, and this partly accounts for the by no means distention that exists [illegible] death. The mucous membrane of the large intestines, though not strongly inflamed ulcerated, is computed to be thus altered in about one third of the fatal cases. The spleen is [illegible]

frequently found altered in texture than any other part, except the glands to which allusion has already been made. These changes appear to depend upon congestion, being enlarged if a distension, and sometimes softened. There is a difference of opinion between pathologists as to the condition in which the liver is found, Andral asserting that it is healthy, and Louis that it is softened. Perhaps the mean of these two extremes would be correct. The heart is frequently found softened. Thrombi and clots are frequently found in the brain, which is usually supposed upon the cerebral disturbance manifested in many cases. [illegible] condition in which the patient lingers, [illegible]

they are often wanting. Effusions of serum between the arachnoid and pia mater, and into the central ventricles are the most common conditions found to exist.

The next subject that demands consideration, is the cause of typhoid fever. Of this nothing precisely is known. I am certain the opinion that it depends upon a peculiar contagious principle, but this is probably erroneous. The contagious property of its exists in very slight a degree separation of only a few feet, and proper regard is had to ventilation, seems sufficient to destroy it, by diluting and dissipating it in the pure atmosphere. I have attended classes and conditions of men living in the palace and the hovel & although being within its vicinity. I [illegible]

generated by crowding a number of individuals into one apartment. Emanations from decaying animal matter, filth and uncleanliness, have justly been considered as being favorable to its production. Excessive fatigue, a deficiency of nutritious diet, subsistence on unwholesome food, and mental anxiety, have all been classed among its causes. Everything tending to impair the vital powers and depress the nervous system, render a person vulnerable to disease.

It sometimes prevails epidemically in certain localities, and at certain seasons of the year. Certain individuals are more susceptible to its attacks than others. Age has decided influence as a predisposition to the disease, as it rarely occurs before puberty and more seldom beyond puberty.

As to its nature it seems more closely related to the exanthematous fevers than to any other class of disorders.

The diagnosis is difficult in mild cases, or those complicated with diseases of the influence of malarious poison.

It is most apt to be confounded with intermittents and remittents, it may be distinguished by the symptoms, bilious vomiting, and the absence of the characteristic symptoms of typhoid fever, such as rose spots, epistaxis, and diarrhoea. Typhus fever is different in many particulars. There is more disturbance of mind in typhus than in typhoid. Instead of diarrhoea there is usually constipation in the 2nd week in typhus.

In typhus the eruption appears on the abdomen and extremities, while in typhoid there are rose spots.

Prognosis – We cannot pronounce with any degree of certainty how any given case will terminate. There is no case, however, severe, but may result in recovery, nor one so mild but death may occur. Much depends upon the age of the patient, his previous health, character of constitution, and severity and duration of symptoms. The younger the patient, and the better his previous health, the more favorable the prognosis.

Treatment.

This consists chiefly in allowing the disease to take care of itself, and directing our attention to the evil symptoms that may arise. It is a malady that seems destined to run a certain definite course, and all we can do is to protect the system during its progress. There are four principal

indications to be observed in its treatment. 1st Remove all sources of irritation, whether internal or external. 2d to suppress excessive vascular excitement. 3d Support the powers of life by means of stimulants and tonics. 4th prevent and subdue local inflammations and congestions, and combat urgent symptoms.

The patient should be placed in a bed situated in a capacious apartment the temperature and ventilation of which are attention must be paid. Excessive light, and annoying sounds are to be guarded against. There being an unusual susceptibility to the action of cathartics, we must be exceedingly cautious in the administration. It may be necessary to give a mild laxative, and a dose of Epsom of Magnesia or Castor Oil [illegible] we can administer. [illegible]

are somewhat loose at the commencement, the addition of fifteen or twenty drops of laudanum to the oil would be advisable. It is highly important to keep the patient quiet in bed, and restrict him, at first, to a moderate diet.

The second indication is to be accomplished by means of blood letting, aperients, mercury and diaphoretics. We know that croup is a disease usually attended with great debility, on the account of which, we should be very careful in the abstraction of blood, as by that means we may expedite the reduction of the vital powers. When the pulse is full and strong, and a determination of blood towards any particular organ is manifested, blood may be taken from the arm to the amount of 8 or 10 ounces, and it

some succeeding days it may be necessary to repeat the operation. We well know that bleeding will not cure the disease, and if carried too far it may so weaken the patient that he will not survive the ordinary course the disease runs. Bear in mind that the chief use of the abstraction of blood is to prevent cerebral inflammation. It is very often necessary to employ general depletion after the first five or six days, though blood may be abstracted locally at almost any period of the attack. It is important to apply cups or leeches to the temples and back of the neck, when there is any indication of congestion of the brain, as under extra excitement, and to the abdomen when pain or tenderness is present.

Purging might be continued at intervals as occasion, thereby keeping the power.

Of great importance are often of great service, especially when the skin is dry and hot, and the pulse literally full. Tart. Ant. is quite a favorite remedy with many practitioners. When the stomach is not irritated, the tongue moist, and the pulse not overly full, the Tart. Ant. or Pot. may be usefully combined with the diaphoretic. When nervous symptoms manifest themselves Aqua of Pot. may be added. Cold sponging is useful by diminishing the heat of the surface. Sponging of the parts, head, and extremities with cold water, and when the skin is unusually hot and dry it may be extended over the entire body. The patient of a stunted appearance, may be administered a little bitter tincture of iron in his mouth when not too much prostrated.

3d indication to be accomplished by the use of tonics, stimulants and nutritious diet. As I have previously remarked the disease runs a definite course and the great object in its management is to assist in producing a favorable termination. As Dr. Flint remarks "the self adjusting, restorative energies of the system accomplish the work. To encourage, sustain and develop these energies, placing the patient under circumstances the most favorable for their operation, is the chief duty of the physician."

Great timidity in the employment of stimulants exists at one period, and even at this time, when more light is thrown upon the subject [illegible] from [illegible] in the patient seems to [illegible] [illegible] exhaustion depending [illegible] [illegible].

As soon as muscular prostration is manifest, the pulse feeble and more frequent, without alimentation, the administration of stimulants is advantageous. Wine and brandy, ammonia and camphor are the most generally employed.

Instead of exciting the pulse they seem to diminish its frequency, appearing to act as arterial sedatives instead of stimulants. This is evidence of their good effects, and frequently the delirium ceases and the tongue becomes moist. The best tonic agents are bitter infusions and the preparations of cinchona. It cannot effectually sustain the powers of the system without the introduction of aliment. Beef tea is peculiarly the best diet being easily digested.

The aliment must be administered [illegible] systematically, and nothing [illegible] the

appetite of the patient leaves food, but give it even when taken with disgust.

4th Indication. Local inflammation in the early stage is to be counteracted by blood letting, and in the latter stage by blisters and sinapisms.

I have already alluded to the topical abstraction of blood when there were cerebral symptoms and tenderness of the abdomen. In severe headache may be relieved by the use of cupping glasses, and the application of ice or cold water to the head. In emptying, care should be taken not to empty it too quickly lest accompanying the end had in view, and prevent the excessive vertigo that may result from after its removal. [illegible] [illegible] the application of a blister to the abdomen

may produce a marked amelioration of the symptoms. In obstinate cases it may be necessary to blister the abdomen after the employment of leeches, fomentations and poultices. The diarrhoea, if moderate, needs but little treatment, but if it should become exhausting it may be checked by the Chalk Mix with the addition of Dr. Ware's tannic acid, or by opium and Plumbi Acet. Opium is contraindicated by an urticaria or by a slow and very feeble pulse. The nervous symptoms, such as restlessness, pulsations, and subsultus, may be quieted by St. John's bread, syr. Spir. Nit. Dulce. Epistaxis, if excessive, may be stopped with a pinch of lint dipped in Sol. Acet. Plumb. or Oil Turpentine.—

When there is a great pulse and the constitutional action of the vital functions severe, may be

given so as to touch the gums; and apart from starting the secretions, its antiphlogistic energy, as has been stated, may aid in subduing local inflammation. But if the discharge from the bowels continues, and the abdominal distention is undiminished, the oily injection may prove an excellent remedy. Dr. Wood says it may be employed in all stages of the disease, even the tongue is dry and the pulse weak. He considers it peculiarly applicable to that condition, in which the tongue is red at the edges and tip, and covered with a brown coat in the middle, or has had some brown streaks and glossy. [illegible] a [illegible] effect [illegible] before [illegible] the [illegible] of [illegible] the

accord as it may be healthy inflammation, or acting chiefly as an alterative. It should be given in doses of 10 to 20 drops every hour or two, in an emulsion of gum acacia.

When patients are from prostration of the intestines, opium should be administered in large doses, and the patient be confined to the recumbent position.

Although cold is often a disease of infancy, it may be relieved by warm applications to much good intention. Opium might accomplish the same purpose. When the temperature becomes low, add to the bed clothes, and place hot bricks about the patient, especially to the extremities and other means of artificial heat may be employed. In congestive cases, it is best to

will indeed [illegible] waste, and [illegible] medicine externally, and on [illegible] and [illegible] internally.

The patient should not be allowed to remain too long in one position in the same one, position on the same part, for any great length of time may produce bad sloughing bed sores. It is necessary consequently to have his posture changed, and to adjust pillows so as to prevent undue pressure on the most prominent parts.

If sores do occur the part may be dusted with starch or covered with collodion. The bed sores are to be treated with stimulating applications.

Sudden sensation occurs and must be promptly treated by

can be discharged the pus as soon as it has accumulated.

The [illegible] any lesion which will require careful attention and prompt treatment.

Pneumonia and Bronchitis frequently occur during the course of this disease, and in their treatment, due regard must be paid to the condition of the patient, they are but a mere accessory. General principles are by no means admissible, as a general rule, in their treatment but there may occur in which it may be necessary to employ it. The inflammation of the bronchial mucous membrane and the lungs, developed during the progress of typhoid fever [illegible] that [illegible]

inflammatory action which belongs to them as primary agents.

The auxiliary measures should consist of sinapisms, dry cupping and stimulating liniments. We must be careful, also, in the employment of antimony, either for the purpose of diminishing vascular excitement or promoting expectoration.

As a general rule stimulating expectorants are more applicable.

When convalescence is established the wakefulness and cure of the patient does not cease. Attention should be paid to the bowels. If the patient is [illegible] with a hearty meal [illegible] mild cathartic, especially the [illegible] compliments, [illegible] alternative.

The patient should be allowed good, nutritious, animal diet. He should not assume the sitting posture too early, and when allowed to sit from bed, should be permitted to remain up but a few minutes at a time, and all premature and fatiguing exertion should be avoided.

An Inaugural Dissertation
on
Hæmorrhage.

presented to the Provost, Regents, and Faculty
of
The University of Maryland,
for
The Degree of Doctor of Medicine
by
James Carey Thomas
of
Maryland.

Hæmorrhage.

So intimately is the Blood associated with the proper vital performance of each particle of the body, it must be evident that any great or sudden change either in its quality or quantity must produce the most important effects. It is proposed in this short and imperfect Essay to detail some facts in regard to the sudden or gradual withdrawal of the vital fluid from the circulation, to which the name of Hæmorrhage has been applied.

Some Hæmorrhages occur physiologically that is, as healthful acts. The most remarkable of these, is the periodical discharge of blood, occurring to women and constituting the quaternary of what was once called the Menstrual Secretion, but which is not a secretion but a hæmorrhage. The function of menstruation may be thus briefly

described. At a certain period the Graafian Vesicle endowed with a new activity begins to enlarge, increased nervous influence is solicited to the ovary and there takes place to that organ & to the uterus also, an increased determination of blood. Soon, however, the ovum, being perfected, passes along the Fallopian tube & is discharged into the uterus. The capillaries both of the Fallopian tubes & the uterus in the meanwhile are becoming more and more gorged with blood. till by over distention their walls give way and their contents are poured out into the cavities of the uterus & vagina. and enveloping the ovum they are thrown out together.

But it is more particularly of those Hemorrhages occurring as to pathological conditions that is the design of this essay to speak

Hæmorrhage is an inevitable accompaniment of most Surgical Operations, resulting from the severance of the continuity of vessels, either great or small, but as these are mechanical in their cause, so the means of their arrest are generally mechanical.

Allied to these traumatic hæmorrhages are those which are occasioned not by the knife of the Surgeon but by the more fatal progress of ulcerations, cancers and other disorganising and zymotic diseases. These occur as complications in the course of many such affections, and, though not essential to them, are often most dangerous accidents. Sometimes after an attack of scarlet fever a lump forms on the side of a child's neck. In spite of all efforts to the contrary it continues and becomes an

abscess, which either bursts spontaneously or is discharged by the physician — Instead of healing kindly — ulceration is set up — rapidly dis- -organising the surrounding tissues — and at last eats its way to the neigh- -borhood of a large arterial trunk — whose coats rapidly softening & giving way before it — uncontrollable hem- -orrhage takes place & the patient sinks rapidly — whilst the physician often unable then to afford any perma- -nent relief is obliged to stand by powerless until death supe- -rvenes.

It sometimes happens that the ulceration consequent upon pul- -monary tubercle opens a considera- -ble vessel, and much blood is effused — causing Hemoptysis & sometimes suddenly putting an end to life. Indeed the popular idea is that all Hemorrhages

from the Lungs are of this nature and are caused by the bursting of a large blood-vessel. This however is far from being the truth as we shall hereafter see.

Passing thus cursorily over these direct hemorrhages we come to consider a larger class which occur principally from the capillaries - chiefly those of the various mucous membranes. These all depend upon congestion, either active or passive in character. Whatever causes this condition of the circulation either in the system at large, or in any part of it, strongly predisposes to the hemorrhage. So has been a matter of dispute, whether in these cases the blood is effused by the direct rupture of the walls of the capillaries, thus permitting the escape of all the solid as well as

fluid materials contents; or whether they pass through these walls by a process similar to that by which the blood is deprived of its serosity, which is called exhalation.

That all the constituents of the blood can escape without a direct rupture of the walls of the containing vessel seems to be a physical impossibility, so great is the disproportion between the pores of these walls and the diameter of the blood-discs. Some of the elements of the blood, besides the serum, may indeed escape - the hematine may be dissolved in the more fluid parts giving to the exudation a red color but the more solid portions remain behind - The doctrine of exhalation has long been taught, and its existence insisted upon, because on examination after death by the microscope

no orifice has been found from which the blood could be said to have escaped; but when we consider, that this hæmorrhage is mostly capillary, and take into account the immense number of these minute vessels and that these must be examined on all sides in order to find the opening in their walls - we would a priori conclude it a most difficult if not impossible task. Neither does the immense amount of hæmorrhage thus occurring favor such an hypothesis - for these ruptured, though minute may be numerous.

Congestion of the capillaries, is as we have said the pathological condition on which hæmorrhage depends - whether it be active depending upon increased activity of the heart & general plethora or passive from an retarded circulation - or caused by pressure preventing the return of blood

to the right side of the heart. – To these or other conditions favoring Congestion – Hemorrhage may always be referred – as these conditions are numerous – so numerous are the causes of the pouring out of blood.

Hemorrhages may take place from almost any of the tissues of the body, but those of the most general occurrence are from some of the various mucous membranes – These actively engaged in the process of elaborating their secretions – which are no sooner elaborated than thrown off – & frequently losing their epithelial coats – have a large supply of arterial blood sent to them & are provided with very numerous capillaries. In a condition of congestion, such has we have described, exists – it seems to be the tendency of these mucous tissues to pour out blood – whilst it is that of the serous to effuse serum –

which accumulating in their cavities produce dropsy – another grave result following over distension of the capillaries – the great distinction between /

which, accumulating in their cavities produce dropsy - another grave result of overdistention of the capillaries; the great distinction between the two cases being - that in one the walls of the minute vessels are ruptured, in the other, the serum & more fluid parts of the blood are pressed through the pores - without any solution of the continuity of the walls.

When the Heart acts with more than usual force and the blood making power seems to be in excess - a general plethora is the consequence - the patient feels drowsy & dull - the head aches - and the pulse is oppressed, full & hard. So characteristic are these indications that it is called the Hemorrhagic Pulse. - If the system is not speedily relieved by the application of suitable remedies - blood is very constantly poured out - from the bursting of some

of the minute vessels. This may occur in the Brain - constituting Apoplexy or from some other organ or tissue - Sometimes the Schneiderian Membrane, having thus forced its Capillaries give way and the system is relieved by copious hemorrhage from the nose (Epistaxis). This effusion of blood wherever occurring is undoubtedly a salutary effort on the part of Nature, intended to relieve the circulation of the burden of too large a quantity of the contained fluid - but is often most disastrous in its effects, especially when in too great excess - or poured out in the substance of a large or important organ - thereby contravening its functions, & leading to dangerous & often fatal results.

As we have not space to describe all varieties of hemorrhage from mucous membranes - let us consider bringing some

of blood occurring from the pulmonary tract.

Hæmorrhages from the bronchial mucous membrane and the mucous lining of the minute air cells are very frequently caused by the presence of tubercle in the lungs. They constitute an alarming symptom in very many cases of phthisis — Frequently they are among the first signs which mark the decided onset of this disease so insidious in its character and so dreaded in its approach and have been supposed by some pathologists to be the cause of the malady; certainly a mistake, — one of the numerous instances of error, too frequently to be found in medicine of confounding the post hoc with the propter hoc.

When the blood is expectorated, the hæmorrhage is termed, Hæmoptysis — Hæmoptysis not only frequently

takes place in the beginning, but may be present at any stage of Phthisis. It is doubtless often determined by the irritation caused by the presence of tubercle and by the consequent obstruction of some of the capillaries. thus throwing an increased amount of blood in the left ventricle. It may be active in its character, connected with hem-orrhagic fever or passive, depending upon passive Congestion. Its mechanism differs in no respect from those in other quarters. After death the mucous membrane appears either in a state of congestion, redness or the blood having before death been emptied out of the capillaries the tissue is pale. The quantity of the hemorrhage in this case is sometimes alarmingly great, sometimes very small. Frequent hemoptysis is occasioned by obstructive disease

of the Heart - This is most generally disease of the left side causing obstruction to the return of the blood from the from the pulmonary radicals and its seat is frequently alteration in Mitral valve permitting a reflux of blood into the left auricle when the Ventricle Contracts. In connection with obstructive disease of the heart sometimes with tubercle a condition of the lung is found after death, which has been termed by Laennec pulmonary apoplexy and consists of a circumscribed effusion of blood either into an air cell or into many air-cells, the intervening tissue having been broken down. The effused blood is found in a hard coagulated clot resembling the apoplectic clot, from which it has obtained its name. Its extent is sometimes very great occupying one or many lobes. This hindrance

prefers to call pulmonary hemorrage in opposition to bronchial hem-
-orrhage & says "Some researches incline us to think, that it, probably take place in the ultimate ramifications of the bronchial tree in the pulmonary vesicle themselves and that, possibly pulmonary hemorrhage might be to bronchial hemorrhage what pneumonia is to simple bronchitis, different degrees of one and the same affection".
Sometimes, though comparatively rarely the ulceration caused by tuberculous deposit invades the coats of a large vessel & fatal loss of blood occurs - Most frequently the pressure consequent upon such deposit obliterates the cavity of the vessels - or else the tubercle bursts it aside - The bursting of an aneurism with the lungs. may in this manner cause sudden death —
The four principal causes consequent

of the Blood expectorated in these cases are - 1st from the mucous membrane of the bronchi - 2ndly from the parenchyma of the lungs - 3rdly from a tuberculous excavation 4thly from an aneurism - It should also be remembered that hæmorrhage into the lung may sometimes take place largely and fatally with little or no hæmoptysis. In another form of hæmorrhage from the lungs it is sometimes observed. a hæmorrhage vicarious to some other discharge; especially in this the case in suppression of the menstrual flow - the capillaries of the pulmonary tissue being gorged & drained instead of those of the uterus and this form of hæmorrhage may generally be easily recognised by the periodicity of its return. in absence of other exciting causes & the history of the case. But, hæmorrhage may take place from the nose, mouth gums, pan-

-ces. it often occurs from the stomach, arising from various causes. obstruction diseases of the right side of the heart - preventing the return of blood from the Vena Cava descendens, engorgement of the portal system of veins, from diseases of the liver and spleen, chronic inflammation, ulceration & a host of others; and the blood thus effused is vomited or gulphed up - thus constituting hematemesis. How then are we to distinguish whether the blood comes from the mouth, fauces or nose, from the stomach or from the lungs?
If it comes from the mouth nose or throat, a careful inspection of these parts, will generally enable us to see from whence the blood is issuing.
The diagnosis of pulmonary hemorrhage & that from the stomach is sometimes more difficult. Blood coming from the lungs is generally coughed up - whilst that from the stomach

is vomited with the feeling of nausea — The blood in hemoptysis is generally of a more florid color than in hematemesis — Hematemesis is usually attended with some local tenderness over the stomach — while hemoptysis is not unfrequently accompanied by the physical signs of phthisis and is generally attended by a feeling of suffocation.

The treatment of hemorrhage from the lungs depends on its extent and the circumstances attendant upon it. If the quantity of blood lost is small and the pulse unexcited nothing need be done, but to keep the patient absolutely quiet in body and mind and to administer cold drinks. If however the pulse be strong and full and the signs of active congestion be present it is best to relieve the circulation by drawing blood either from the arm or by cups or leeches. If however, tubercles be

evidently present in the lungs. The bleeding must be cautiously conducted. In other cases, where the system is depressed and the pulse somewhat more weak & feeble – the bleeding should be omitted & recourse had to stimulants, astringents and refrigerants. – Of the former – the acetate of lead combined with opium is very highly recommended by the books. Powdered alum too may be given & ergot which is sometimes of avail. – Dilute Sulph. Acid ~~too~~ is administered and seems to mitigate the symptoms. Cold drinks & even powdered ice may be allowed the patient and should injunctions given him to keep perfectly quiet. A very common domestic remedy is a tablespoonful of dry salt; this being supposed to act revulsively, by the strong impression it produces upon the lining membrane of the oesophagus and stomach.

If the hæmorrhage depends on chronic obstructive disease of the heart a palliative treatment founded on general indications is the only one to be adopted. Perfect repose of body and mind are here of the utmost consequence. Indeed, unless hæmorrhage is idiopathic, dependant upon mere repletion of the capillaries – there is no treatment which may not fail. For the cause being unremoved – the flux is constantly liable to recur and not unfrequently resists all remedies.

It were useless here to attempt to describe the different forms of hæmorrhage occurring from the various other mucous membranes – from the intestinal tract, from the rectum, from the urethra and bladder or from the uterus though arising from different exciting causes the essential condition is the same congestion, either active or passive – the treatment the same depletion on the one hand, astringents & tonics on the other.

Hemorrhage in most cases is but a symptom and to cure it we must seek its causes. If it be an ulcer on the os uteri cauterize that and the Hemorrhage ceases; if it is dependant on inflammation of the colon - cure the inflammation and the bloody flux disappears.

Of the grave consequences of effusion of blood on the membranes or within the substance of the brain we have not space to dwell. Regarded simply as Hemorrhages they differ in no respect from others; and though more disastrous in their consequences & more alarming in their symptoms and deeply interesting in their history it must suffice for our own gratification. Thus shortly to have alluded to them.

Hemorrhage, generally speaking in its character, is a prominent feature in two diseases, resembling each other

in many respects yet differing as to their causes and treatment. viz Scurvy and purpura hæmorrhagica. The one, occurring when men are crowded together in close places, without sufficient & proper nutriment, when they are forced to live exclusively on meat & bread without being allowed potatoes or other vegetable, was, formerly the great scourge of armies and fleets. - Blood oozed from the gums, the teeth became loosened, the spirits sank. foul sloughing ulcers appeared and the patient died a horrid rotten death.
Happily in our days its cure is found out, the main feature of which is, the free use of fresh green vegetables, or if deprived from them, of lime, juice or other preserved vegetable acids. These, with active exercise and gentle medicine proved so successful in the hands of Dr Sk.

Kane, who had the medical direction of one of the Ships lately sent by Henry Grinnell to the North pole in search of the lost Sir John Franklin - that during a cruise of many months in those cold regions, without green foods. he did not lose one sailor - though many were attacked by Scurvy.

The other disease, purpura hæmorrhagica does not always arise from want of proper food or air, but sometimes attacks those living under the best hygienic conditions - The effused blood here appears in dark patches under the skin, nor do the gums seem to possess any peculiar proclivity to hæmorrhage. - The cause of this affection is somewhat obscure

There appears to be an essential change in the blood, predisposing to hæmorrhage, which may occur in almost all regions. Green vegetables do not cure and are of little avail in

Purpura, and the astringent & tonic plan of treatment is generally followed, though sometimes the symptoms call for more energetic action.

Death is, as we have said, a not unfrequent result of hæmorrhage. It may supervene rapidly or be induced gradually and indirectly from the slow and continual escape of the vital fluid, whereby the powers of a persist life are depressed & unable any longer, at last give way.

An
Inaugural Dissertation
On
The Pathology of Tumors
Submitted for Examination
To the
Board, Regents, and Faculty
Of Medicine
Of the
University of Maryland
For the Degree
Of Doctor of Medicine
By
Robert Bruce Stanford
Of
Virginia

Pathology of Jaundice

The true pathological condition in jaundice may be considered to depend upon the existence of a yellow matter in excess in the blood, giving rise to the most identical symptom of the disease in the color of the surface, imparting likewise the characteristic tint, in a greater or less degree to both the solids and fluids of the body. There are probably two sources, depending upon some

1st Excess of production — This often happens in instances of bilious fever, cholera, and diarrhoea, in which along with the yellow color of the skin eye and urine. There is bilious vomiting or purging. The same cause that produces the disease occasioning an increased production of the yellow principle, which though escaping by the usual channels, is not thrown off in that way —

with a rapidity corresponding to the exigencies of the system, and thus form fines or other results. The same cause may sometimes occur as an original affection and then we shall have an attack of idiopathic jaundice, with biliary stools.

2nd Deficiency of elimination:— Should the viscosity or the deficiency of the yellow coloring matter in the blood in a state of health be con-

and, it follows that when the secretory function of the liver is either, suspended or diminished in a degree greater than that in which the coloring principle is produced, its accumulation and consequent elimination by other means, are necessary consequences.

Such is I believe the most common origin of jaundice. The liver is in part an emunctory by which, noxious matters in

the blood are thrown off. Among these noxious substances, is the yellow principle upon which the color of bile is supposed to depend, and which probably is found in the circulation
Through some morbid agency the secreting power of the liver becomes impaired or suspended. The yellow matter consequently accumulates in the blood, and if not thrown off by some other avenue, bad

derange the vital processes. Nature has provided a remedy for this evil by endowing almost every function with the power of separating it from the blood, when it accumulates in excess. Since it is passed off by the skin and kidneys and is deposited in various tissues of the body, giving its color to them as to the secretions. While the whiteness of the fecal evacuations man-

ejects its absence from the intestinal canal. This deficiency of bile may be the result either of defective secretion or to some obstacle to its passage after it has been secreted. Though even when the bowels coalesce, it is still possible that jaundice in great measure, depends directly upon the former. The obstacle to the secretion operating to suspend or impair the secretory

junction. But in the great majority of cases as far as can be ascertained, there is no cause whatever to suspect the existence of any obstruction. The dissection of persons labouring under jaundice at the time of their death having repeatedly shown the biliary passages to be perfectly free, and the liver exempt from organic change. Under such circumstances the obstruction has been

ascribed to spasms of the ducts. But no proof of the existence of such spasm is offered. The patient often experiencing no pain. The disease comes on gradually and lasts long; which would not be liable to happen, were it dependent as has been alleged by some to spasm.

Inspissated ~~the~~ mucous and bile likewise have been thought by some to be a cause of obstruction.

which could not have been so in these cases, for it would have been detected on examination.

Besides in jaundice not connected with inflammation or organic disease of the liver, there is in general no appreciable distention of the gall-bladder or liver, such as would necessarily occur from obstruction with continuance of secretion. And in the absence of all

proof of such ob-
stacles and in
the face of contra-
dictory evidence,
we have no right
grounded upon
reason to assume
its existence, espe-
cially when the phe-
nomena can be
otherwise and com-
more satisfactori-
ly explained. The
result of the attempt
is another evi-
dence of the cor-
rectness of the
views here main-
tained, for the
most efficacious
guides are those
× that
prompted the se-

cretion of bile, and effective means which were considered empirical under under the former views of the pathology of the disease, now fall within the limits of rational therapeutics.

3d Absorption

This is believed by many and indeed by most to be the exclusive source of jaundice. Suppose some obstruction takes place in the biliary passages,

which prevents the
the excretion of
bile. A consequent
accumulation
of that fluid ne-
cessarily takes
place in the gall-
bladder or bilia-
ry passages, be-
hind the seat of
obstruction, and
even the tubuli bi-
liferi of the liver
become greatly
distended. It is
supposed that the
bile is now either
absorbed, and
carried into the
circulation or re-
gurgitated against

ly into the tumors radicles by which it was thrown out, and thus becomes excretive in the blood. Now such obstructions as undoubtedly sometimes exist in jaundice and liver are the cause of it. But when this the bile re-enters the circulation after having been once thrown out is not at all certain, and is to me a matter of doubt and becomes improbabi

lity It is positively denied by Dr. Chapman of the University of Pensylvania that any such result does take place. And certainly our present knowledge of the laws of cell action would contradict such an hypothesis. For do we find a common tendency in surfaces to absorbe the peculiar fluids they secrete or which passes them in its exit from the system. It is known

absorbed in cases of distended bladder? It is much absorbed when it accumulates in mucous cavities. But if the absorption takes place so rapidly as is implied by the theory that it produces the symptoms of jaundice, how does it happen that accumulations of bile are sometimes so enormous in cases of obstruction? Cases have been alleged to occur in which gravid dis-

tention of the gall bladder has taken place, with retentiveness of the stools, consequent upon obstruction, and yet no jaundice has occurred. The most plausible supposition is, that in cases of supposed absorption and consequent accumulation, the pressure made by the accumulated fluid upon the vessels impedes the process of secretion, and thus prevents the elimination of the

yellow coloring matter from the blood.

But there is still another and less probable theory, than absorption. In which the only office of the liver is to secrete bile when its presence in the blood demands it, and that it exists performed in the circulation. This theory has fallen into discredit. For our present knowledge of the action of bile upon the blood, shows it to exhibit a solvent, influence.

upon the corpuscles, and consequently no more would be from a state of constitutional depravity, resulting from the constant assimilative influence of bile on their blood.

And in conclusion allow me to say, that although the passionate principles of bile do exist in the blood as simple elements, yet they are evidently not bile until they have passed into the sub-

stance of the liver and there combined or united under circumstances suitable to the formation of a complex fluid; which we denominate bile. Not absorbed after having been once secreted. And that the same pathological condition in jaundice, depends upon the existence only, of the yellow coloring matter of bile in the blood, and not upon bile itself.

Same

dear Sirs, with sentiments of profound regard, Your humble and obedient Servant.

Robert Bruce Tassie Esq